

# *The* PUBLIC HEALTH NURSE



VOL. XIII

JULY, 1921

No. 7

## PLANNING A LESSON

*Isabel M. Stewart*

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*Glory H. Ragland*

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*The Seal of The National Organization  
for Public Health Nursing*



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# *The* PUBLIC HEALTH NURSE

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Volume XIII

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## EDITORIAL

### RESIGNATION OF MISS FOLEY

**I**T is with deep regret that we are called upon to announce the resignation of Edna L. Foley, President of the National Organization for Public Health Nursing, which took effect June 1st.

Miss Foley's decision came unexpectedly to her friends and colleagues, although the step had long been revolving in her own mind. From the first she had felt that the long distance between Chicago and the Main Office of the Organization in New York made it impossible for her to give that close attention to the affairs of the National Organization which the position of President demanded. As the past year has required not only frequent meetings of the Executive Committee but many trips to other cities in behalf of the Organization, the tax upon her physical strength, which has not been above par at any time during the past few years, has been very great and it became her own conviction that her usefulness as President was limited.

Her dislike of delegating personal responsibility to a substitute for any length of time and the knowledge that her strength might not permit these trips indefinitely, made her decide to hand in her resignation at the April meeting of

the Executive Committee, to go into effect as soon as the re-adjustment and re-organization could be decided upon.

Since her election to office, Miss Foley has given more than one-third of her time to the work of the National Organization for Public Health Nursing and although her own Association in Chicago was willing that this should continue, her well-known objections to tired people in responsible positions made the remaining in office for the expiration of her term incompatible with her own judgment.

On the shoulders of Elizabeth G. Fox, as First Vice-President, will now fall the duties of President. Miss Fox's long connection with public health nursing and her well-known ability as director of public health nursing makes her accession to the position a happy one. The fact that she is a former Chicago visiting nurse and an intimate friend of the retiring President are both guarantees (if such are needed) that Miss Foley's interest in the cause of public health nursing will not grow less during the coming months. We feel that in her hands the affairs of the National Organization will be safe. We wish her every success in the arduous duties which she has so recently assumed.

## OUR NATIONAL EMBLEM

**S**OME of the more recent members of the National Organization for Public Health Nursing have been anxious to learn the history and meaning of our seal, and in response to this desire we are reproducing it as a full page frontispiece to this issue.

Perhaps we can best show the early history of the seal by quoting a paragraph from the *American Journal of Nursing* of April 1909, as follows:

"At the conference of visiting nurses in Chicago, in April, last year, the adoption of a common seal or emblem for all visiting nurse organizations was discussed. The Cleveland organization submitted several designs at that time, one of which seemed to embody the real purpose and future of the work, and after giving every society opportunity through the *American Journal of Nursing* of offering suggestions and designs it has finally been decided by common consent of several larger organizations to adopt a common emblem giving every organization a right to use it, by paying the cost of the die. The design decided upon is the one submitted by the Cleveland association."

At the National Convention of the American Nurses' Association, in June, 1912, at which time the National Organization for Public Health Nursing was founded, Miss Matilda L. Johnson, delegate of the Visiting Nurse Association of Cleveland, read the following communication:

"The Visiting Nurse Association of Cleveland, through the generosity of two of its trustees, Mrs. E. S. Burke, Jr., and Mrs. Robert L. Ireland, is able to offer as a gift to the National Association a seal designed by the sculptor, Herman Matzen, of Cleveland, and which portrays the following idea:

"The tree of life represented by a young tree in the hand of a kneeling woman and bearing this legend: 'And when the desire cometh it shall be a tree of life,' indicates that the great work to which visiting nurses are dedicated is the implanting in the hearts and minds of the sick poor the desire for better, cleaner, higher living that will enable them to work toward their own rescue from the unfortunate conditions which hold them back from happier things.

"The adoption of this seal as a national emblem and as an insignia to denote a standard of Visiting Nursing was one of Mrs. Robb's dearest wishes. We cannot help feeling glad that we now have an opportunity of offering the seal to one national association, rather than to many associations doing visiting nurse work. Great

work calls for a great standard and the standard calls for the protection of a national organization."

The beautiful significance of the seal was expressed in an editorial in *The Visiting Nurse Quarterly*, a number of years ago, in words so adequate that we quote them once more:

"We have before us a symbolical tree of hope and desire—frail and young, it is true, but being tenderly and firmly planted, with high courage and the belief that it will find such strength and nurture in the soil as to enable it to become broad spreading and a tree of refreshment for many.

One can fancy, too, that there stirs about this picture a spirit of coming generations who, resting a little from their labors under the full leafage of this pleasant shade may perhaps think with sweet remembrance on those who in an earlier day planted and tended the little tree with a belief in its power to grow.

"We feel that the design symbolizes a larger hope, a more continuous and beneficent influence on the part of the nurse in the home, than if she were portrayed simply in some act of material ministrations. She comforts the sick body it is true, and far is it from our thought to minimize the high quality of this service, but with her entrance into the home there goes also with her something better even than she consciously knows—the transmission of hope, of courage, the promise of something better, something that comforts the whole being and sustains all effort toward good in the disorganized home and its members.

"Some visible and outward sign of union is always valuable and we hope that we can come together in the acceptance of the seal here portrayed. We also hope that this design in medal form can be conferred upon and worn by such members of the profession as have fulfilled the gradual process of development into that beautiful flower of graduate nursing—called the Visiting Nurse."

Those words were written before the foundation of our National Organization, but we know that the hope expressed in the last lines has been fulfilled, and that the pin worn by professional members of the Organization, and thus symbolizing visiting nursing throughout the country, bears the same design that, in those earlier days, became the visible evidence of the unity and standard of Visiting Nursing which sought and found its fuller embodiment in the National Organization for Public Health Nursing.

# PLANNING A LESSON

By ISABEL M. STEWART

*Assistant Professor Nursing and Health Department  
Teachers College*

ONE of the main functions of public Health Nurses is to teach.

Much of this teaching is indirect, individual, and more or less unconscious, but every Public Health Nurse realizes that if she is going to get over her message, she must be prepared to do some direct, organized, group teaching as well. This may be to children in schools, to mothers' clubs or factory girls or many other kinds of groups, and it may consist in talks, classes or demonstrations, dealing with hygiene, baby care, home nursing, first aid and many other varieties of subjects.

The progressive Public Health Nurse is not going to be satisfied until she is able to meet these calls which come to her and to do it in a satisfactory and effective way. She has one tremendous asset in her close contact with all kinds of people, which helps her to sense their ways of feeling and thinking, and to know what motives are likely to move them. She also knows their needs as few other people do, the prejudices and superstitions which must be removed, and the habits which must be built up if they are to reach good standards of health. She should supplement this practical knowledge with the study of psychology and the principles of teaching. Such studies give her a clearer idea of how the mind works and how different kinds of minds can be reached and impressed. She will, also, need to supplement her own nursing knowledge and experience by reading good, up-to-date books and articles on hygiene, child care, etc. Classes in public speaking are helpful in giving control of the voice, in developing self-confidence and in training one in expression.

But with all this general preparation, the individual lesson or talk will probably fall flat unless the whole plan has been carefully worked out in advance. This lesson plan may be long or short and it may be organized in many dif-

ferent ways. The main essential is that the teacher should be very clear in her own mind as to what she wants to accomplish through the lesson, whether it is a certain attitude of mind or a knowledge of specific facts, or a special form of skill, or all combined. Once the aim is clear, the next thing is to gather together the kind of material which will contribute to these ends and to organize it in the way which will most directly reach the special group under consideration. Finally, especially if it is a lesson in which the group as a whole is to share, it is necessary to plan the general line of conducting the lesson. There are many tactics and devices which can be used to arouse interest and attention, to clear up difficult places, to hammer in facts, to make people think and to stimulate them to action. Demonstrations, pictures, blackboard illustrations, stories, questions, problems—these and many other devices will be thought out by the resourceful teacher and will go into her lesson plan.

Most of these points are illustrated in the plan which follows. The lesson is intended to be one of a series, but may be given alone. If there is time, probably the material outlined here could be used for two or three lessons. The column on the left shows the ground which is to be covered, while the parallel column on the right shows the way in which the teacher is planning to get the material over to the class and to secure their active participation in the lesson. All this is given in somewhat more detail than would be necessary if the plan were prepared for the teacher's own use.

The plan is intended as a guide only and should never be slavishly followed or "read off" in class. It should be so familiar to the teacher that she will need only to glance at headings occasionally or refer to it for detailed facts. The success of her lesson depends on

her being free to concentrate her full attention on the class, and often she will have to modify her plan considerably to meet the questions of the group or to clear up unforeseen difficulties as they arise.

It always takes time to plan a lesson and a good deal of hard study to work it out well, but a good plan can be used again and again with modifications, to suit different groups and occasions. A live teacher will always work out improvements each time a lesson is taught, and will keep drawing from all kinds of sources to enrich her own stock of ideas. Books and magazines, posters and stories and, possibly most of all, one's own daily experience, contribute the most valuable teaching material if rightly used.

### ONE TYPE OF LESSON PLAN

Subject—Hygiene—Time, One-half hour.

Topic—How we can help to fight some of our country's worst enemies.

Class — Eighth Grade — Grammar School.

Aim of Lesson.

1. To help boys and girls to understand some of the ways in which diseases are caught and how to avoid catching them.

2. To make them appreciate the importance of keeping down all the germ diseases and their responsibility for protecting themselves and other people from illness.

3. To help them to co-operate in some practical plan to apply this knowledge in making their town healthier.

#### Subject Matter

##### *I. The biggest war of all.*

A—The world war and what it meant—

1. Many lives lost.
2. Many people crippled for life.
3. Much sorrow and suffering.
4. Great cost in money, etc.

B—The war against germs and what it means—

1. More men, women and children killed by germs than in all wars together.
2. Many more crippled for life.

The following books on teaching will give many helpful points about making lesson plans and conducting classes. They are not at all technical and will be found very interesting reading.

Strayer and Norsworthy—How to Teach.  
Bett's—The Recitation.

Parker—Methods of Teaching in Secondary Schools.

Colvin and Bagley—Human Behavior.

James—Talks to Teachers.

The following lesson was given first during the war, when it aroused considerable enthusiasm, especially among the boys of the class. It also appeals strongly to groups of boy and girl scouts and may indeed be used successfully with older groups.

Outline.

1. Introduction—The biggest war of all.
2. Our germ enemies and their methods of attack.
3. How the body defends itself.
4. Planning the campaign against germs.
5. Summary.

Illustrative material and equipment:

Colored chalk, and blackboard or simple outline drawings in colored pencil on manilla paper.

References for teacher:

Councilman—Disease and its Causes. Chap. IV to VII.

Emerson—Essentials of Medicine. Chap. I.

Ritchie—Primer of Sanitation. Chap. III and IV., V.

#### Method of Presentation

You all remember the world war and how everybody worked and helped and finally how the war was won.

Why does every country want to avoid war if it can?

What did we have to pay for the great war?

Though we do not always realize it, we have a big war on our hands right now and all the time.

It is a fight against *germs*—not Germans. Problem—

In 2½ years one country lost 17,350 men from wounds, gas, submarines, etc. In the same time she lost 18,934 people from two diseases—typhoid and tuberculosis (write number on board).

**Subject Matter**

3. Germs cause more suffering.
4. Cost country millions every year.
- C—How boys and girls can help to fight this enemy—
  1. Find out about the enemy and his method of attack.
  2. Find out best kind of ammunition and how to use it.
  3. Find out how to weaken your enemy and make him harmless.
  4. Keep in good fighting condition yourself.

**II. *The enemy and his method of attack.***

A—Germs or microbes—what they look like.

1. Tiny little things like seeds (bacteria).
2. Size—25,000 to one inch.
3. Shape usually spheres, rods and spirals.
4. Usually found in pairs, groups or chains like a regiment of soldiers.

B—Good and bad microbes.

1. Enemy tribes cause disease in men or animals, or both (about 40 varieties for men—examples, diphtheria, tuberculosis, etc.).
2. Friendly microbes—peaceable and industrious—help as chemists, manufacturers, farmers, etc., many hundreds of varieties.

C—Where they live.

1. Everywhere—chiefly in soil, water, food and in the bodies of men and animals.
2. Grow best where they find lots of food, warmth, moisture and darkness.

D—How they recruit their armies.

1. Germs, like flies, reproduce rapidly.
2. Multiply by breaking in two. Process repeated sometimes 2 or 3 times an hour.
3. Under favorable conditions millions born in a day—(conditions not usually so favorable).

E—How they attack.

1. Get into the body, usually by way of mouth, nose or broken skin.
2. Often hide in food, water, air, etc., and then attack weak spots.
3. May attack in only one spot (as in a pimple or boil)—or may spread over whole body and make it sick.

**III. *How the body defends itself.***

A—First line of defense.

1. Skin and linings of mouth and nose—germ-proof unless broken or weak.
2. Secretions of nose, mouth, stomach, etc.—salty, acid, or sticky—weaken germs or entangle them.
3. Little hairs in nose catch them.

B—Second line of defense.

1. White corpuscles of blood (destroy germs).

**Method of Presentation**

- Which was the most dangerous enemy?  
Which caused most suffering?  
Which cost the country most money?

Boys and girls did a great deal to help win the world war.

Is there any way for them to help in winning this war against germs?

If you had to fight any enemy, how would you have to prepare?

Write names on board.

Draw shapes on board.

Draw pairs, chains, etc.

Do you know if all microbes are our enemies.

What kinds have you heard of that cause disease in men? In animals?

Do you know any useful things that microbes can do to help us?

Where would you be likely to find germs growing?

What conditions do plants and animals usually need for growth?

What kind of conditions do germs thrive best in? (Compare).

Do you know any animals that raise very large families in a very short time?

Illustrate cell division.

Do the germs usually find everything exactly to their liking?

Why is the world not entirely overrun with them?

Do you remember in the story of the Trojan war, how the enemy got inside the walls of Troy hidden in the body of a great wooden horse? In olden times enemies often got into castles hidden in loads of hay, etc.

Germs small and weak, but tricky—often use this method.

Draw imaginary plan of battlefield, with first line of trenches—show weakest parts of the line (air and food passages). Discuss vital importance of these lines of supply for the body.

Tell of sweepers (cilia) in air passages to keep germs out.

Draw lines of white dots right back of the first line trenches.

Tell about the millions of fighting corpuscles (white guards) ready to surround and eat up the enemy if he should get



**Subject Matter**

2. White corpuscles may surround germs and shut them off.

**C—Third line of defense.**

1. Protective substances in blood to counteract poisons (anti toxins).

2. Substances to tangle up and ensnare germs.

3. Germs may die from their own poisons.

**D—The result of the fight.**

1. In most cases body wins fight.

2. Body often left weak and badly injured (eyes, ears, heart, etc.).

3. If germ is very strong or body is weak or unprepared, germ wins.

4. Causes of weakness of body usually from bad food, overtiredness, poisons, chill, etc.

**IV. How to plan a campaign against germs.****A—Keep in good fighting condition.**

1. A fighter must be well fed (not soft and flabby).

2. Must exercise a lot—to make body tough and hardy.

3. Must keep dry and warm (not get thoroughly chilled).

4. Must rest and sleep enough (not get overfatigued).

5. Must keep in good spirit (not worry or fuss).

6. Must not poison body with alcohol or other poisons.

**B—Kill off germs and prevent them from growing.**

1. Find out where they breed and destroy their hiding places, if you can.

2. If not, catch them before they can spread around.

3. Starve them out.

4. Burn them out (heat and sunlight).

5. Poison them (disinfectants).

**C—Sentry or guard duty.**

1. Watch for people that are manufacturing germs (secretions dangerous).

2. Watch all food and water supplies, especially (don't let them get poisoned).

3. Put special guard on mouth and nose (gateway to body).

4. Watch all the common carriers of germs—fingers, flies, food, filth.

5. Put double guards on babies and weak people.

**V. Summary.**

A—Country has more dangerous enemies than those we fought in the great war.

**Method of Presentation**

through the first lines. Illustrate fight of corpuscles and germs.

If a number of enemy soldiers broke through your lines and you could not kill them, what would you do?

Draw net work representing blood-vessels (in red) behind the white guards.

When poison gas is used, how do soldiers protect themselves against it? (Explain neutralizing substances in mask).

Compare with barbed wire entanglements.

Illustrate from attempt of an enemy to poison water in river from which his own men may have to drink.

What is usually the result of the fight between the body and the germs?

Even when the body wins, what bad effects may result from the fight?

What are some common reasons for an army failing to win a battle? Compare with defeat from germ attack.

If you want to put soldiers in the best possible condition for fighting, what points will you pay particular attention to?

Why do you see soldiers drilling and marching so much, and taking long tramps?

Why did we send over socks and mufflers and wristlets and sweaters to the soldiers in the trench and the men in the navy?

Why do the soldiers relieve one another in the trenches every little while?

Why do they try to keep soldiers and sailors happy and cheerful?

If we want to weaken or destroy our enemy, what tactics would be the best to use?

How do you try to exterminate bad weeds? rats? flies?

Can you suggest any good methods for killing germs?

If you cannot get rid of the germs entirely, what precautions would you take to see that they did not attack you unawares?

What special persons, places, and things do we need to watch most closely to avoid trouble?

Write on board:

Which of these do you think are the worst offenders? (fingers).

Why are we particularly careful to protect babies from germs?

Have you learned anything today that would help you to be of service to your country?

B—They can be easily defeated if we are prepared for them and know how to rout them (example of small-pox and malaria).

C—Everything depends on good planning and on getting people trained to fight germs.

What prospect is there of winning this fight?

Next day try to suggest some ways of recruiting and training an army of boys and girls who will really help to defend this town against the germ army.

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### CO-OPERATION !

We often hear of the difficulty of obtaining co-operation. The nurse who writes the following has surely either found "the co-operative community," or has learnt the art of winning people to her side!

"The most interesting work to me this month has been the baby work. It seems I have never seen or heard of so many bottle babies, but we have one splendid doctor in the "City of Atkins," who "stands pat" for cows' milk, and he has certainly had splendid results from this. He has kept me busy the greater part of the month on supervising these babies and he has gotten so interested in this special work. I have twin boys that I prepared the modification for and they are certainly thriving now.

We are going to give special attention to the babies from now on through the summer and are planning to have baby clinics at Atkins in the Community House every Saturday afternoon and perhaps all day too. The doctors have offered to give their time to this, one serving two or three hours at a time through the day. These doctors will do anything they are asked to do in this work and I never hesitate to call on them, for they feel slighted if any of them are left out! I have never seen such splendid response from mothers as I find in this community.

I am organizing four classes in Home Hygiene and Care of the Sick. I did not intend to take on the fourth class, as I felt three were about all I could successfully handle; but the superintendent of schools here asked me to fill the period of one hour and a half and give this work to the girls. I did not know how to say "no" to him, for he has been such a splendid help to me in my work here and his wife is very interested as well. The superintendent wants this class given to the high school girls.

—*Celeste D. Campbell, Arkansas.*

# A DAY IN THE BABY CLINIC

By EDITH E. YOUNG

*Member of Nursing Committee, Public Health Nursing Department,  
The United Workers of Norwich, Conn.*

THE scene is a street in one of the smaller cities of New England. On the left a wooden building with steep, overhanging stairways perched upon an angular hillside. The sidewalk is crowded with baby carriages and go-carts overflowing with pink and blue blankets. Shall we follow the sound of baby voices up the narrow stairs and see what's going on?

As we climb we meet a Portuguese mother with her rosy baby in her arms, and she tells us that this is the baby clinic. Weeks ago she brought her child, screaming with the pains of indigestion, to the doctor and the nurses to find out what was wrong. The doctor ordered modified milk feeding, the nurse came to her home to show her how to prepare the food and bottles, and now the baby is as healthy and happy as one could wish.

Upstairs we find sunny rooms filled with mothers and their babies. Here's a youngster of Greek parentage who has a boil on his forehead, and has come to have it lanced and dressed. Here's an Italian woman with five children, all thin and pale from under nourishment. The doctor has told her that she must stop giving the children fried fish and greasy potatoes to eat, and prepare for them instead eggs and baked potatoes with plenty of milk. Next we hear the story of a Polish family of five, the newest baby suffering from eczema, now almost entirely healed. The nurse, calling in the home to teach the mother how to dress the sore places, discovered that the next older child had impetigo, another form of skin disease. No simple application of ointment will cure this trouble; the outer scabs must first be removed and the infected area thoroughly cleansed, then with frequent treatment with a healing salve the cure is rapid.

We notice a little Russian child who does not seem to walk properly and

we learn that he has had Ricketts from improper food. The doctor has prescribed special diet to build up the weak bones and the little boy is now gaining in weight and strength. A French mother tells us of her baby, whom she has been bringing to the clinic for some time for weighing and measuring. One day the nurse on a friendly visit to the home noticed that the little girl had a discharging ear, which proved to be caused by an abscess in the middle ear. For three weeks she visited the family regularly; under her direction the mother learned to irrigate the ear as the doctor had ordered, and now it is wholly healed.

What of the other babies who come and go during the course of the afternoon; surely these fat and rosy youngsters are not sick? The nurse explains that the clinic is just as much for healthy children as for ill, and that many mothers come regularly to have their babies weighed and measured, and to ask advice in matters of hygiene and diet. Each child is given a book in which is kept a record of the gain in weight and height, and as the mothers repeat their visits to the clinic they watch with keenest interest the progress of their children.

Do you notice a clothesline stretched across one of the rooms and hung with dainty baby garments? This is the clinic fashion show, an exhibit of the most approved style of baby clothes, and many an Italian and Polish youngster has been transformed in the twinkling of an eye into a little American citizen by a mere change of clothing.

Such is the Rock Nook Children's Clinic, held at the United Workers' House every Wednesday afternoon from 2 to 4:30 p. m., for children under seven years of age. The service is freely given; its aim the safeguarding of health of the babies of Norwich—men and women of the future.

## CAMPAIGN REFLECTIONS

"You know I have been brought up with the N. O. P. H. N.," she smiled in parting.

And the Campaign Secretary added in teasing pleasantry, "One would think it was a formula—like  $H_2O$  or  $NaCl$ ."

"Exactly," she replied more seriously, "it is a formula."

Can it be? Is it really as vital a thing as that in the lives of the nurses?

The top letter of the morning's correspondence bore the heading, "Magaw Memorial Hospital, Foochow, China." "I am so glad to be worthy to wear the N. O. P. H. N. pin. I wish you God Speed in your campaign."

All the way from China, this assurance came—and this wish! Surely this is a real flesh and blood organization, this N. O. P. H. N. that numbers in its ranks such women of vision, willing to take time to sing its praises while in the midst of the arduous tasks China now offers to nurses.

The Campaign Secretary was called to a conference with a nurse connected with the Educational Department of one of the Eastern States. A remark from the nurse jolted the Secretary from her detached listening attitude. "Oh, it is such a long time for me between magazine issues."

"You mean—you mean it is so helpful to you?"—she interrupted.

"Indeed it is," she was assured. "Without exception 'The Public Health Nurse' is the best magazine of its kind."

"The best magazine of its kind!" The words kept ringing in the Secretary's ears as she returned to her day's work. After all—it must be so, the N. O. P. H. N. must be much more than a paper organization. It must really be, as someone has said, "a fraternity—a sorority—with sister members scattered everywhere, realizing that they are mutually benefited by this union."

To be sure, the members of the N. O. P. H. N. value their organization. Did

not the Campaign Bureau yesterday receive assurance of this in the hundred dollar gift from the nurses of the Third District of Minnesota?

But the campaign returns tell an uncertain story; 1427 new sustaining and corporate members are now on our file. Of course this is excellent in view of our lay membership of the past nine years and our good friends "in and out of the profession" are heartily thanked.

Our nurse membership is now in the neighborhood of 5000; 5000 nurses—each with a word of praise for the N. O. P. H. N., each eager to wear the N. O. P. H. N. pin, each prizing the magazine.

The Campaign Bureau now asks a question. Cannot each nurse enroll a lay friend as a sustaining member? We believe it is possible, for several nurses have already sent in their fourth "friend."

Find this friend and either send her membership to your state chairman or to the Campaign Bureau directly.

The summer months offer us all many opportunities. And our earnest hope is that each member of the N. O. P. H. N., professional and lay, will succeed in procuring at least one more recruit.

Another group of women have taken out individual sustaining memberships in the National Organization for Public Health Nursing, namely, the Council of Jewish Women of St. Louis. They know the value of the National Organization themselves, because they have during the past year volunteered their services in the clinics of the city, weighing the children, measuring them, etc., and relieving the nurses of the burdensome task of filing and other clerical work. Mrs. Herman Mayer, the Chairman of Clinic Work, is to be cordially thanked.

We hope other organizations will eagerly take their places beside the Junior League of Chicago and the Council of Jewish Women of St. Louis.

A Membership Blank will be found on Page 17 of the advertising section of this issue. Cut it out and give it to your friend when you ask her to become a member; it will save her time and yours.

## A MESSAGE TO OUR MEMBERS

By ELIZABETH G. FOX

*President National Organization for Public Health Nursing*

AT a meeting in April of the Board of Directors of the N.O.P.H.N. it became necessary to make certain radical changes in the number and scope of our activities. The Board of Directors has been anticipating the need of such unwelcome action for some months and has put forth every effort to avert it, without avail.

We are all familiar to some extent with the financial situation prevailing throughout the country and are aware of the fact that there is little ready money and that many people who are interested and active in good works find themselves for the time being unable to contribute to the support of welfare movements as readily or generously as they would like to. We have read in *The Public Health Nurse* Dr. Vincent's opinion that the multiplicity of drives and campaigns to raise money for numbers of welfare agencies has resulted in making the public indifferent to all demands and weary with the seemingly endless importunings of these agencies. No doubt we all know of organizations in our communities of long established worth which are being forced to retrench and even to curtail some of their activities because of the difficulty in raising funds. We are, therefore not surprised that national organizations with larger budgets and less personal and immediate appeal are finding it hard to raise large sums of money. Many of them have been forced to suffer severe retrenchment.

It is not extraordinary, therefore, that the N.O.P.H.N. has been suffering the same vicissitudes. Our work was maintained on a budget of something less than \$20,000 before the war, secured largely from individual and corporate dues and a few large subscriptions from interested friends among the laity. During the war the work of the organization was

intensified. The rapid growth of interest in public health nursing after the war enlarged the scope of our usefulness and multiplied many times the demands made upon the organization for assistance. To maintain an organization equipped approximately to meet these demands would require a budget of about \$100,000. The desire of the Board of Directors to have the N.O.P.H.N. be as widely useful as possible and fulfill the requests for help coming from all directions led them to determine to raise as large a budget as possible. For the last year, accordingly, every means of raising money which seemed promising and sound was tried with only a modicum of success. The Directors were constantly advised by Mr. Alexander White, Chairman of our Committee on Friends of Public Health Nursing, and Mr. James Auchincloss, our Treasurer, both men in close touch with the financial world, and were guided largely by their counsel. These men gave the affairs of the organization much time and thought and have helped greatly in our various efforts to raise our budget. Under Mr. White's guidance the plan for securing a large number of lay sustaining members was evolved. We have been carrying on this campaign now for some months with moderate success. We believe that the best way to build a strong, stable, financial foundation for the organization is through the development of a large number of nurse and lay members. An income derived from such sources will suffer only slight fluctuation. Such a method will put the organization on a democratic and far reaching basis, and has the virtue of carrying the magazine with all that means in stimulation, education and inspiration to several thousand people. The building up of such a foundation made up of many members is a slow process. With the help of all our



present members, nurse and lay, we believe it can and must and will be done eventually. It has become clear to us, however, that large returns can not be expected in a short time from this method of raising money.

At a meeting of the Board of Directors in April, the whole financial situation was reviewed. Taking into consideration all the foregoing factors, the Directors, advised by our business counselors, decided that it would not be possible at present to raise the desired sum of money needed to carry on the big program of work of the organization.

An estimate of the income that can be relied upon for next year was made and the budget was reduced to this amount. This meant cutting out several activities which we had heretofore been carrying on. Sorely reluctant as the Directors were to do this, it seemed to be the only possible thing to do at present. As financial conditions improve and our campaign for lay members begins to bring larger results, we hope with an increasing income again to expand our activities.

A budget of \$36,000 was adopted, secured from the following sources:

- Nurse members
- Corporate members
- Sustaining members
- Contributions varying in amount from \$50 to \$5,000.

This gives us a greatly reduced, but an assured budget.

Through the great kindness and generosity of some of our staunch friends, all our bills incurred in carrying on a program of work based on a much larger budget are being met so that although we are facing sharp retrenchment, we are not also carrying the anxiety of indebtedness. We can start out courageously on our new program, cut to fit our cloth, with the knowledge that though relatively poor we are in a better condition financially.

Retrenchment in the budget could mean only one thing, reduction in the volume of work being carried on. The only way of accomplishing this

seemed to be in the cutting out of certain activities entirely. We were forced to eliminate from this budget our library, our educational service and our employment of placement service. Each of these activities we knew to be exceedingly valuable and important.

Efforts are now being made to secure from certain sources appropriations which will make it possible to continue our library and educational service and we hope to announce that they have been successful. For the time being, however, the library will be run on a minimum basis and the educational service except for necessary correspondence, will be discontinued during the summer.

Our placement work which has been conducted in recent months by the Joint Headquarters of the National Nursing Associations, will now be financed entirely from the Joint Headquarters budget until special funds can be secured.

These changes in our program have brought about inevitable but unwelcome reductions in our staff. It is with much regret that we announce the resignations of Miss Janet Geister and Miss Stella Fuller.

While it has been necessary to retrench severely we are not falling below the income and activities maintained before the war.

We believe that this announcement of retrenchment will come as a surprise to many of our members who have not been aware of our financial struggles. But at least we have weathered the storm and come out solvent, with a workable, even though greatly reduced, budget. We plan to furnish additional statements of the progress of the affairs of the organization from time to time, perhaps monthly, to our members through The Public Health Nurse, between now and the Seattle meeting. We would welcome a full discussion of our affairs by our members in the pages of the magazine and hope that articles and letters suggesting

methods by which we can be strengthened financially or in other ways will be contributed. We need, as we always have and always shall, the good will and faith and energetic support of all of our members. Especially shall we need your patience in these days when the reduction in

our staff will make it difficult to meet all the demands made upon the organization but we hope and believe that each member will do her or his share toward helping our National Organization to reach its fullest measure of usefulness.

#### FROM AN ITALIAN CLINIC

The dispensary at San Domenico, a little suburb half-way up the hill-side to Fiesole, was started by Miss Sheldon, who had charge of the American Hospital for Italian soldiers in Florence during the war, and it is still being continued with the assistance of some of her American friends. Begun in a small way, this dispensary is meeting a long-felt need. One of its workers has been sent to Rome to study at Dr. Flamini's Scuola de Assistenza all' Infanzia (Infants' Hospital), and when she returns she will take charge of the child welfare work for the dispensary.

The picture was taken after one of the infant welfare clinics, on Weighing and Measuring Day—this is held once a month and a children's specialist comes out from Florence to see the children. Miss Craig (the central figure of the three Red Cross nurses in the background) is a graduate of the first course in public health nursing in Florence, an Italian Red Cross nurse, but an American girl who has never seen her native land.

The sad-colored clothes of the mothers are not so much of their own choice as of dire necessity, for the Italians love bright colors.



*Weighing and Measuring Day at San Domenico.*

# REACHING A BETTER UNDERSTANDING

By JULIA WELD HUNTINGTON

*Secretary, Lay Member Section of The Connecticut Organization for Public Health Nursing.*

EARLY in 1919, through the initiative of Mrs. Edmund D. Smith of Stamford, the Lay Members Association of the Connecticut Organization for Public Health Nursing came into existence.

Mrs. Smith had long been interested in and active for the cause of public health in Connecticut, and, knowing of an affiliation formed by the directors of public health nursing work in Massachusetts, had been desirous that something of a like nature be accomplished in her own state. However, after consultation with Miss Margaret K. Stack, State Director of Public Health Nursing under the Connecticut State Department of Health, and Secretary of the Connecticut Organization for Public Health Nursing, a somewhat different foundation for the work in Connecticut was decided upon.

There already existed in Connecticut the Connecticut Organization for Public Health Nursing, an Organization comprised of registered graduate nurses engaged in public health work. This body of nurses met quarterly to talk over their mutual problems and to listen to speakers on health topics. It seemed to Mrs. Smith and Miss Stack that it would be the logical and desirable thing to ally the new organization with the older, to organize the directors of public health nursing work as a body directly affiliated with the Connecticut Organization for Public Health Nursing, that the two groups might solve together the common problems encountered in their pursuit of a common purpose.

There were many obvious advantages in this arrangement, some of which were the elimination of unnecessary administrative machinery, the increased *esprit de corps* that must result from the closer association of directors and nurses and the possibility of uniting to secure speakers of interest to both.

A brief outline of this plan was sent out to the public health nursing associations of the state and two directors were secured to serve as temporary officers of the projected organization.

The associations interested in the project and willing to co-operate were asked to send delegates to an approaching meeting of the Connecticut Organization for Public Health Nursing and the first joint meeting of directors and nurses took place in Hartford in May, 1919, with 40 directors present.

A general session was held first, with a combined attendance of nurses and directors, and there Miss Florence Wright spoke on industrial nursing, while Miss Gertrude Peabody of Boston, told of the work of the Massachusetts Association of Public Health Nursing directors.

After the joint session the directors met apart from the nurses and organized briefly and informally. They voted that the directors of public health nursing work in Connecticut form an association to be called the Lay Members Association of the Connecticut Organization for Public Health Nursing; that this Association be considered a section of the Connecticut Organization for Public Health Nursing; that a chairman, vice-chairman and secretary be elected annually; that any public health nursing organization in Connecticut be eligible for membership; that the dues be \$3 a year to be paid by each association into the general treasury of the Connecticut Organization for Public Health Nursing, which treasury should bear the expenses of the Lay Members Section. The expenses of this section consist mainly of printing programs and sending out notices of the quarterly meetings and in paying for a public stenographer to take the minutes of these meetings. A program committee was appointed and the first meeting of the Lay Members Section adjourned.

This simple form of organization has been adhered to and has, so far, proved all that was needed. The directors have taken the greatest interest in the conferences and they give up the mornings of the meetings to the lay members section; the nurses sometimes meeting apart also at that time for a round table. The directors lunch together and in the afternoon hold a general session with the nurses where all listen to speakers of authority on health topics.

The directors of every public health nursing organization in the state are cordially invited to attend the conferences, whether or not their association is a paid member of the Connecticut Organization for Public Health Nursing, and a notice of every meeting is sent to every association in Connecticut.

It is an unwritten law that no nurse shall attend the Lay Members Section, so that the directors may feel free to discuss frankly such questions as salaries, hours of work, details of administration, etc. The State Director of Public Health Nursing is, however, always invited to be present and in the general discussion is constantly appealed to for a final word of explanation and advice. It is inevitable that in such discussion she should gain an insight into some of the problems of the individual associations which, under the great pressure of her widespread state work, she might not otherwise obtain.

One especially worth-while feature of the Lay Members Section is the verbatim report taken by a public stenographer, a report that covers discussion, addresses and question boxes. This report is sent to the secretary of the Lay Members Section who condenses it, and the Connecticut Organization for Public Health Nursing distributes it to every public health nursing association in the state, with a request from the lay members that it be read at that meeting of the local board that immediately follows its receipt. This means that current information as to the constantly changing standard

of wages, administration, clinic development, etc., is carried into even the most remote corner of the state, for these minutes go even to non-members. Indeed, it is often such associations that need most the information thus conveyed.

It has proved a particularly gratifying fact that at every conference a number of delegates are present from associations that have organized, but, for lack of a nurse, have not begun active work. One such delegate came to the secretary after a recent conference to ask eagerly whether a detailed report of the meeting would be sent her, for, she said, if not, she would certainly go home and sit up all night to write down all that she could remember and pass it on to her local committee so that all might begin to function with some intelligent knowledge of right administrative methods.

It is an unfortunate fact that the average director assumes office entirely unversed in public health nursing standards. As the personnel of every committee inevitably shifts from year to year, and a sort of training school for new public health nursing directors has to be maintained by the nurse and the few permanent members of the committee, it seems the more desirable that at least four times a year all persons engaged in public health nursing work should come together and pool their experience and wisdom.

In planning programs for the quarterly meetings various methods are employed by the program committee. Sometimes return postals are printed with a list of possible subjects for discussion and are sent out to each association with a request to check off the subject of greatest interest; sometimes two minute histories of the current work of each organization are read by a representative of each association, but always the programs are submitted to the State Director of Public Health Nursing and her advice and criticism are sought. Having, as she does, a state wide view of the public health nursing work, her counsel and help are essential to the right sort of progress.

Connecticut has been fortunate in having as chairman of the Lay Members program committee Mrs. C. E. A. Winslow of New Haven, and one with a finer vision or more practical understanding of working details it would be impossible to find.

An effort has been made to have large associations and small associations both represented among the officers and on the program committee so that the problems of the remote country town and the large city may be known and speakers chosen who can illuminate the perplexities of both.

This outline is of a small beginning. The Lay Members Association of Connecticut hopes that the day is not far distant when the paid membership will include every association in the state

instead of, as at present, a trifle over one-half of that total. There are, however, at every conference many representatives from non-member associations and primarily it is to encourage attendance at these conferences, to make the conferences worth attending, that the Lay Members Association exists.

It is not too much to claim that the nurses, directors and State Supervisor who come together in this way have reached a better understanding of each other's difficulties, that public health nursing standards throughout the state are being raised and unified, and that, as the result of these conferences, a steadier advance is being maintained toward that goal to the attainment of which the services of all are dedicated.

## A STANDARD TO REGULATE SERVICE MONEY

The following tentative standard to be consulted by the visiting nurse before asking service money in the homes has been drawn up by the Visiting Nurse Association of Chicago:

The average cost to the Visiting Nurse Association of a single visit is 76 cents, therefore 75 cents has been decided upon as the maximum cost for the present. Until an Hourly Service is established, patients well able to pay \$1.00 per hour should do so.

However, the following standard may be used by any nurse who does not know how to approach the patient. In case of dispute or doubt, the family should be talked over with the Supervisor and her decision followed:

1. Free care in any home being helped by:

The County Agent  
Jewish Social Service Bureau  
United Charities  
Associated Catholic Charities

or receiving free service from attending physician or entirely dependent upon aid from other sources:

American Red Cross  
Juvenile Court Pension Department  
Industrial Compensation.

2. When the income is \$150 or more a

month, a charge of 50 cents should be made unless the expenses of the illness are extraordinarily heavy and daily or twice-daily calls are necessary, or unless the family is large with a number of little children, in which case 25 cents should be charged. For weekly or twice weekly calls, 50 cents should be charged.

3. If the rent paid is more than \$40 a month, at least 35 cents per visit should be charged. In homes where the rent is low, if there are obvious evidences of a steady income, some service money should be collected.

4. If there are visible evidences of extravagance rather than of bad management, 50 cents or more should be charged for each visit.

5. Dispensary cases should be charged if home conditions seem to warrant it and if the nurse has occasion to call up the dispensary for orders or diagnosis, she should mention the financial standing of the family to the worker but not to the telephone operator.

6. If the wage-earner is ill but the home is a very comfortable one and the family evidently able to afford all the usual comforts of life, a fee should be charged.

This is a tentative, experimental standard, not inelastic, but it is hoped to develop from its use a working standard that will cover the needs of all the families.



## NINETEEN YEARS OF SERVICE



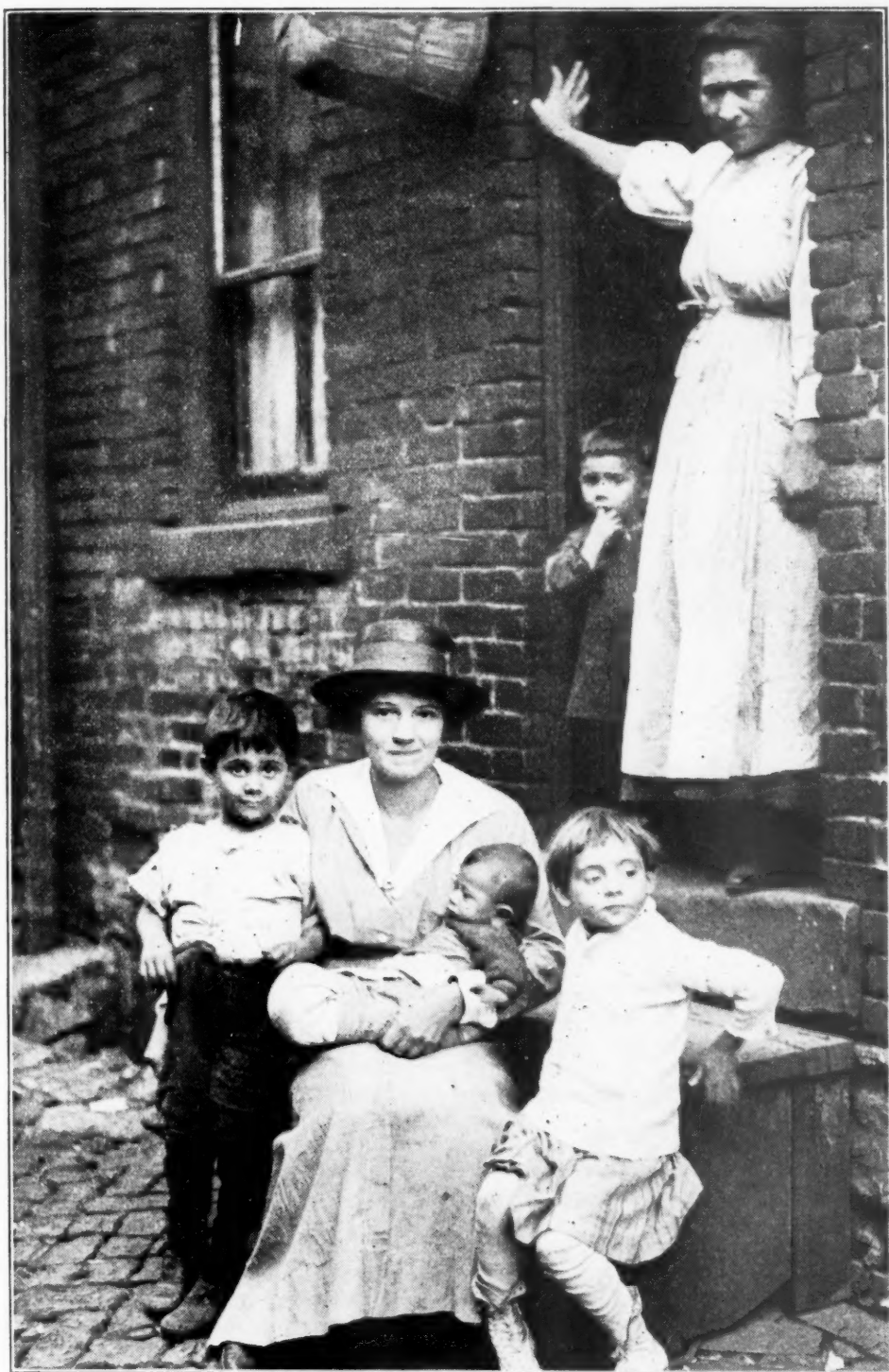
*The Irene Kauffman Settlement and its nursing service has been a big factor in the heart of Pittsburgh*

THE nursing service of the Irene Kaufmann Settlement of Pittsburgh, was started April 1, 1902, and continued until December 31, 1920. The work, among the earliest of its kind in Pittsburgh, soon became the standard of the city, and during recent years was known as the best district nursing service, not only in Pittsburgh, but in Western Pennsylvania. There was only one patient on the visiting list when the work was started in 1902, and a total of ten patients served the first month. During the past year, 1920, a total of 1,562 patients were visited 20,101 times. These contrast figures indicate the growth of the work.

This District Nursing Service of Pittsburgh, has always been public health work in the broadest meaning of that term. Emphasis was laid on the prevention of disease, teaching of hygiene, educational work, and the practical part of bed-side nursing. The Irene Kaufmann Settlement and its nursing service has always been a big factor in the health not only of its im-

mediate district, but in Pittsburgh as a whole, and its influence has spread to distant places.

In 1907 the Settlement assisted in making a study regarding the health of children of the public schools of Pittsburgh. From the results of this study and experiment, Pittsburgh now has a corps of school nurses and medical inspection is an accepted and necessary part of the school work. The next service was in connection with the survey and experimental efforts to reduce infant mortality, out of which came what is known today as the Infant Welfare Department of the Department of Health, with its various baby clinics, milk stations and infant welfare nurses. During 1907-08, in connection with the Pittsburgh Survey, a study of "35 years of typhoid" was made. Miss Anna B. Heldman, of the Settlement staff, was the field worker and gathered most of the data on which the study was based. From this study Pittsburgh learned the real facts and the costs, financial and civic, of Typhoid Fever, and eradicated,



"OUR NURSE"



*This nurse on the doorstep is a short way of telling the story of what has been accomplished by the Irene Kaufmann Settlement nursing service during the nineteen years of its existence.*

once for all, this dreaded disease through the building of a modern filtration plant. In 1910 the Civic Club of Allegheny County, in co-operation with the Irene Kaufmann Settlement, started on the latter's roof, the first Open Air School in Pittsburgh. The Settlement assisted in various ways, and in particular the nurses of the Settlement carried, during the experimental first year, the necessary nursing work in connection with the school. This health achievement proved the value locally of the open air school idea, and the first of many open air schools and rooms is still operated, now supported by public funds through the Board of Education.

From the very first the Settlement has stood for the principle of a city-wide nursing service similar to its own, and assisted in every effort to bring such an organization about. July, 1919, saw the starting of the work of

the Public Health Nursing Association, whose Director stated, "The Irene Kaufmann Settlement paved the way, or blazed the trail for the accomplishment of a city-wide organization of public health nursing service such as we have today." This new organization at first was not able to assume the financing of the Settlement's nurses, though the work was co-ordinated from the start. The Settlement continued to control its nurses and met the finances for its nursing district until December 31, 1920. During the fall, the Public Health Nursing Association had a financial campaign in which the Irene Kaufmann Settlement assisted, and having sufficient funds the Association took over the nursing service, January 1, 1921. The district nursing supervisor remains as a resident of the Settlement; and so the connecting link continues with the neighborhood nursing service.

# SETTING TO WORK AS A COUNTY NURSE

By MARY G. FRASER, R. N.

*State Supervisor of Public Health Nursing, South Dakota*

**I**N South Dakota Public Health Nursing has been developed on the County Unit Plan. As agriculture is the chief industry, there are few large towns or cities and this plan seems more nearly to meet the present needs of the State.

The sixty-eight counties vary in size, from Clay county (403 square miles) to Meade county (3491 square miles). The population varies from 33,795 in Minnehaha county, (this county includes Sioux Falls, our largest town) to Buffalo county with a population of 1,485 (1910 census).

The scope of a County Public Health Nurse's work depends upon the size of the county, its population, the number of schools, the occupations of the people and the topography.

Road conditions vary greatly in the different counties. A few have excellent roads which may be traveled the greater part of the year, if weather permits. Others have roads that are almost impassable for many months of the year. Some of the western counties, being comparatively new, have no roads and the people are using the old Indian trails.

The counties west of the Missouri River are sparsely settled. The land is owned in large tracts, as the chief employment is cattle raising, which demands big grazing ranches. A very small part of this land is under cultivation.

Public Health Nurses working in the sparsely settled western counties will find very few schools and probably not more than one town in the county. The form of nursing most often needed here is bed-side care of the sick. This means that the nurse may be called upon to remain in the homes of her patients. Sometimes nurses have been compelled to remain for a week in one home, or until the family secured a woman to relieve her.

The people in these counties live

very far apart, on account of the size of the ranches. In many instances a nurse spends a whole day travelling from one home to another. She may use a car or ride horseback. The means of transportation is governed largely by the condition of the roads.

There are no hospitals, very few physicians and no nurses in these western counties; hence the great need for bed-side nursing. The county nurse is usually called upon to give this, as well as instruct the family or friends caring for the patient.

In the eastern part of the State the work of the Public Health Nurse is similar to that of the nurse working in Minnesota or Iowa. The counties are smaller and more thickly settled. There are usually more than a hundred schools in each one, and very often from seven to ten small towns on railroads.

## *Preliminary Introduction to Community*

When starting work in a new territory, whether following a nurse or introducing the work, it is advisable to spend some time meeting the people most interested. The time required for this preliminary introduction will depend largely upon the size of the county and the number of towns. It may take a few days to get in touch with all of these people, and it may take a week, but it is a valuable part of the work. A new nurse should plan to meet all the men and women active in the community; such as presidents of clubs, of parent-teachers' association, members of boards of commerce and county commissioners. She should visit all the physicians, dentists, the county superintendent of schools and the superintendent of the town schools; explaining to them the nature of her work and showing an outline of her plans. It is well to have the county superintendent of schools introduce the nurse, for she is usually



familiar with the people of the county and invariably interested and willing to assist in helping with the public health work for the community.

**Committee Meeting.** It is well upon arrival in the community to request a meeting of the nursing committee of the organization employing you.

Give them an outline of your work and plans, request them to secure an office for you, if this has not been already done. Advise them that you must have this office for your files, and for private conference with people who may wish to talk to you. Arrange for your office in the Court House, if this is convenient; if not you may be able to secure office room in some public building. Many county nurses have offices in the Federal Building, rest rooms, libraries, city halls and bank buildings. These rooms are invariably given, rent free, for the use of the Public Health Nurse.

At your first meeting ask your committee to meet with you once a month. This will be necessary, as you will need to give them a report of the month's work. It will be very difficult for you to follow out your plans unless you can depend upon these meetings for advice and assistance. Let the committee know that you do not care to assume the responsibility of the work unless the members are sufficiently interested to come to these conferences. At your first meeting discuss also means of transportation, travelling and petty cash expenses, office and other supplies, telephone, record files and office hours.

**Supplies.** In addition to office furniture your committee should purchase inexpensive record files. Ask it to supply stationery, portable scales, records for examination of school children, tongue depressors and bag. This equipment will be necessary before beginning school work. Every nurse should be provided with a well-equipped nursing bag in case of emergency.

**Expenses.** If incidental expenses are large (more than \$5.00 a week) a petty cash fund should be furnished and all expenditures from this should

be reimbursed at regular intervals. Special cash vouchers should show where every penny of this fund has gone.

**Office Hours.** Plan to have regular office hours when you are at your headquarters. A nurse who has to go out into the country may have to leave town very early, therefore arrangements should be made to have some interested person answer the telephone and record the calls. It is well to be at your office Saturday afternoons, for this enables the people from the farms (who usually come to town Saturdays) to visit you and consult you about their children. See that the fact that you will be in your office Saturday afternoons is well advertised throughout the country. Have placards printed and place them conspicuously in store windows and public buildings. Give a note of your office hours to all of the newspapers in the county and request them to publish it.

**Uniform.** Nurses working under the administration of the Red Cross will wear the uniform required by that organization. Others will find a navy blue tailored suit, with plain tailored hat and white tailored shirt waist suitable for traveling in the county. Uniforms can be secured at reasonable rates from McGuire Nurses' Outfitting Company, New York City.

**Professional Ethics.** Except in cases of emergency nursing of patients should be done only when the patient is in a physician's care. Remember that professional ethics are the same in city and country, in the home or the hospital. The physician—not the nurse—is licensed to *practice medicine*. Except in emergencies, no one not duly authorized by the state may prescribe for, or treat patients. Health instruction is not medical practice; the prescribing of medications is. Do not criticise the physicians with whom you may have to work. Try in every way to work with them. Remember that they have lived in the community many years and that they are the only authorities on all questions pertaining to health, to whom the people may look for advice.



Do not forget the hardships endured by the average country physician and make due allowance for this. He is usually a very busy man and may not have time to help you with your program. If he appears indifferent to your work and skeptical of good results from it, do not become discouraged, but make every effort to get him interested in your program, talking over your plans with him whenever possible. He may be in a position to help you tremendously, if he has lived in the community very long, for he undoubtedly knows many of the people and has great influence with them.

New workers introducing public health nursing in rural communities, in their enthusiasm to hasten the progress of the work, sometimes lose sight of the value of co-operating with the local physicians, thereby arousing their antagonism. Nurses who have done good work, by losing the friendship of the local physician may do public health nursing an injury, which some other nurse will later have to overcome.

If there are several physicians in the county, get your committees to help in securing their co-operation. Do not call upon one for assistance to the exclusion of the others, although you may be brought into closer contact with the superintendent of the County Board of Health on account of your work in the schools and with the poor.

Take up with the physicians the question of using "Standing Orders." Secure a copy of Miss Edna Foley's Manual for Visiting Nurses. There is an excellent outline given in this manual on "Standing Orders for the Visiting Nurse Association of Chicago." This was approved by the Chicago Medical Association. Submit a copy to your physicians, and if it meets with their approval you will find it very useful.

**Relief.** Nurses are advised not to act as relief agents. If they find cases in need of immediate relief they may have to provide it, but where possible this should be done by the relief organizations of the community. Nurses should urge that social service work-

ers be employed for this work, for it takes too much of their time to handle relief work, even when they have had some training for it. If no social service worker is employed, all cases of relief should be referred to the Red Cross Chapter, churches, fraternal orders, relief organizations, or County Commissioners.

**Organizations. Institutions.** Look up the organizations and institutions in your county, visit them and make an effort to establish friendly relations with their managers. Make use of your State Board of Health, County Board of Health, State Institutions for the Care of Feeble Minded Children, State Sanatorium for Tuberculosis, Child Welfare Commission, institutions for the insane and for the care of children in the state and county. Compile an index file of the names and telephone numbers of all organizations, institutions, clubs, schools, churches and persons interested in your work. This will enable you to reach them on short notice should you wish to do so.

**Press.** The press is a most valuable educational agency. Whenever possible have an article about public health work in all local papers. Give it an attractive heading, make it short and to the point. Keep in touch with your neighboring co-workers, find out what they are doing. Mail a copy of your monthly report to each paper in the county. Be careful to have nothing in this report that will give offense to any person in the community.

Do not become discouraged if people seem slow in comprehending your work and plans. Remember that it is new to them and it may take some time before they get your viewpoint.

Do not criticize the people you work with, or the people living in the community. Should you have any difficulties, take the matter up with your committee.

Do not undertake to develop too many activities at one time.

In many communities, after securing a nurse the people evince very little interest in her work. In some cases the nurse has difficulty in getting the

committees to meet, the burden of administering the work falling upon the shoulders of the most willing worker on the committee. Do not permit this to occur, even if you have to go so far as to resign from the position, after you have tried every other legitimate way of securing their interest.

If the organization is a one-man or one-woman affair the general public will show very little interest in supporting it, and when the time comes to raise funds to develop it further there is very little response. If the work is not explained to the public step by step, it does not appreciate what is being done for the community, although in many cases both committee and nurse may be doing admirable work. Never forget that one of the most important duties confronting you is the education of the people in better health habits.

If your work develops so that you have more than you can do well, ask your committee to get an assistant nurse. Do not try to accomplish the impossible by over-working, for in the long run the work will suffer. An over-worked nurse cannot get the best results in a community, for tired people lose the enthusiasm that means so much in public health nursing. Keep your committee well informed as your work progresses, so that when it becomes too heavy for you to carry alone they will understand the need for an additional nurse.

The work done by one nurse in a county is, at its best, only a feeble demonstration of what county nursing really can be. The nurse with a county for a territory cannot do the work as it should be done. To give nursing care to every sick person, to teach the well to keep well is a big task.

It is necessary for a nurse working alone in the country to keep up-to-date by reading, and if possible by taking some institute work during the year. If the local libraries do not have the books desired, write to the State Librarian.

Membership in the following organizations will help you:

The State Graduate Nurses' Association.

The National Organization for Public Health Nursing, 370 Seventh Avenue, New York City. Professional membership is \$3.00 a year, which includes subscription to the monthly magazine "The Public Health Nurse."

The American Red Cross.

### *Home Visiting*

Make your home visit one of observation as well as instruction. Gain the confidence of the people first. Be tactful and sympathetic. Use the simplest language possible in your instructions and demonstrations. If you teach a woman how to give a bath, or how to modify milk for the baby's feeding, supervise the first attempt she makes to follow your instruction.

If poverty seems to be the cause of neglect to keep the home clean, or to have physical defects of the children corrected, do not begin by suggesting the impossible. Use your eyes and ears and do as little writing in the presence of the family as possible. When necessary this should be done after leaving the home.

To make your home visits effective, remember that there are certain conditions that can be remedied by the family, such as: dirty floors, dirty beds and bedding, dirty windows, uncovered food and milk left on the kitchen table, unventilated rooms, unwashed dishes, vermin, roaches and mice.

Remember that no woman, no matter how ignorant, likes to have her housekeeping criticised, so teach carefully when you want her to change her methods. Explain what fresh air does, before opening the windows. Provide soap if poverty plus ignorance causes the untidiness. If you find these conditions existing in a home where the mother is ill in bed and there are large children, endeavor to get them to clean up the house. If the husband is at home out of work you may be able to enlist his service in cleaning up.

If there is no member of the family or friend able to do this work and upon investigation you find the family cannot pay to have a woman do the cleaning for them, take the matter up

with the Red Cross Chapter or any other relief or church organization. Interest them in the family and request them to pay a woman to do this work.

Train yourself to note the ventilation in the home. Is there enough sunlight and fresh air during the day? Are the windows kept open at night in the bedrooms? Are the beds placed so that they will receive a good supply of air? Is the bedding clean? Are there a lot of useless hangings and furniture in the room?

If there is a kitchen sink, is it kept clean? If no sink, where are the dishes washed? How is the food supply kept, in cellar, ice chest or pantry? Is the food kept covered? Where does the family get its milk?

Where does the water come from, wells or cistern? Is it protected from contaminating sources? Note the condition of the toilet and plumbing. If an out-door toilet is used, is it clean, sanitary and screened?

Is the house on raised grounds? Are the grounds free from stagnant water? Are the windows screened? How many windows to a room? Does the stove or heating plant provide a sufficient amount of heat for the whole house? How many occupants? How many persons sleep in one bed?

After a few visits to a home, the nurse will be able to observe if the father has steady work, or if he spends the greater part of his time at home; the amount of income; how many members in the family are working?

Do the children attend school regularly? If you find them out of school, ask the reason. If it proves to be lack of clothing or shoes and family are unable to provide same, take this up with your relief organizations and have the children furnished with the necessary articles.

Are such families spending their incomes wisely, or is it insufficient to provide them with a normal living? If there is destitution, find out what causes it; is it ignorance on the part of the housewife, who may not know how to manage or buy supplies? Is it laziness or drunkenness on the part of the man, or is his mentality so low

that he cannot hold a job? He may be physically unfit to do his present work, on account of sickness. You will very often find men and women suffering from tuberculosis and other diseases, who do not realize that they are ill, but who are physically unable to do heavy work. If you suspect this is the reason, make every effort to have a physician's examination before making any plans for the family.

Remember that in your work as visitor in the home you must secure much of your information by observation. Ask a few questions. Do not imagine that you can get all of this information in one visit, it may take twenty visits in certain homes before you get a complete insight into the family. Neither antagonize nor patronize. Try to leave in every home you visit a desire for your return, even if you have not secured all the data on the record of the organization employing you.

The cost of living varies even in different parts of the same State, and you will have to familiarize yourself with the local conditions before you can judge as to what constitutes a living wage.

One of our nurses found a family living decently for about thirty dollars a month. Upon investigating the condition she discovered that they were paying no rent, as the farmer on whose farm they lived gave them the use of their house free, they had the use of a milch cow, a number of chickens and pigs. They had a large plot of ground and raised all of the vegetables they required.

The man in this home is an advanced case of tuberculosis, the woman is an excellent manager and has followed the nurse's instructions very carefully. The patient does not sleep in the home, as a comfortable shack has been provided for him near the house, and his wife gives him very good nursing care. There is little danger of infecting any of the children. The family is supported by a mother's pension, which they have been receiving for about three years.

Last year another baby arrived in this home. This shows the necessity

for urging that the advanced tuberculosis patient be placed in an institution, not only to protect the family and the public from the disease, but to prevent the birth of other children who will become public charges. It shows the necessity of educating the country community to the need of hospitalization for such cases.

Another case illustrates the conditions usually met with in a home where the woman is ignorant, lazy and unable to manage her housekeeping to advantage. The nurse found a farm laborer earning seventy-five dollars a month. The farmer gave the family all the milk and vegetables they required. They lived in town, paid twenty dollars a month for a three room shack which would not bring ten dollars a month in one of our most congested city districts, unless extensive repairs were made. The woman is a very poor manager, buys food out of season, such as oysters and strawberries. One month's grocery bill was fifty-five dollars. This did not include eggs, milk, meat or vegetables, as she received all of these from the farm. The children were destitute of clothing and shoes. These were provided by the Red Cross Chapter.

A third case shows the need of community interest in individual families in the country, for such a case could hardly be found in a city where there are child welfare organizations. The nurse was called into a home to care for the mother, who was desperately ill with small pox. There were eight children in the home, all under fifteen years of age. The place was unspeakably dirty, manure and grain were

strewn all over the floors. The patient was lying on a filthy straw-ticked bed with no sheets. The floor beneath the bed was soaked with urine. The kitchen table was covered with dirty dishes which had been there for over a week. The children were dirty and half naked. In one room the nurse found a boy of eight lying on a mattress on the floor. This child was paralyzed and unable to help himself in any way. She noted that one of the older boys who was working in the yard appeared to have a fracture of the ankle bone.

The two oldest children were girls twelve and fourteen years of age. The nurse taught them how to clean up, helped them bathe the younger boys and girls and made the patient as comfortable as possible. She remained in the home, as the patient was desperately ill and died the next morning.

In the morning the nurse sent for the County Superintendent of the Board of Health, asking him to assist her in having the home conditions corrected.

The nurse was able to have the paralyzed child placed in an institution, to have the crippled boy taken to a hospital, and the financial conditions of the family investigated. The man proved to be worth thirty thousand dollars. The case was reported to the States Attorney, who took the matter up with the father and threatened to prosecute him if he did not care for his family properly.

The nurse was able to interest a neighbor, who promised to supervise and teach the girls how to keep house.

*(To be continued)*

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We have duplicate copies of certain back numbers of the American Journal of Nursing, which we shall be glad to send to any nurse who can make use of them, on receipt of postage. The issues are as follows:—Year 1918; March, April, May, June, July, September, October, November, 1919. Application for these journals should be made to the Editorial Office of the Public Health Nurse, 2157 Euclid Avenue, Cleveland, Ohio.

# SALLY ANN'S NURSE

By GLORY H. RAGLAND

*Superintendent Visiting Nurse Association,  
St. Louis, Mo.*

WELL, if I aim to get home by sun down I'd better start out. I promised the nurse to fetch her mail, and I notice here's that blue book of hern. She sets a heap o'store by this here book. Seems like she ain't never happier than when she sets reading it. Her eyes just fairly eat up the page, when she first gits it. Now ain't I just a natural born liar? I said that nurse ain't never happier—but when she gits a passel of chillun 'round her asking her questions about some make-believe Cho-Cho, the angel Gabriel hisself couldn't look no brighter nor happier. Man alive! My ole woman is as bad as the chillun. She's as set on going to them mothers' meetin's now as she is to a funeral or a protracted meetin'. It beats all to see what that nurse has done up in our cove! I see the sky is gettin' clabbery so I reckon it will rain by midnight. So long!"

Jim Green, better known to his mountain people as "Pink" Jim, took up his bundle of merchandise and mail. He had made this special trip to the store to exchange a bushel of potatoes for a few yards of blue calico for his small daughter, Sally Ann. The purchase was to be a surprise, as well as a reward to her for having made the highest grade in school. Jim was very proud of the fact that Sally Ann could now read and write "almost as good as her teacher," thanks to Miss Hope, the nurse, who had come up the mountain two years before.

Sally Ann had been what the neighbors called a "sickly" child, but her ill health had not lessened her thirst for knowledge, although it had interfered with its attainment. Frequent attacks of tonsilitis and tooth ache had kept her from school many days in the all too short year of the district school.

On the nurse's arrival Pink Jim had been told that Sally Ann's ill health was not due to the myterious ways of

Providence, but to enlarged tonsils and adenoids, and to teeth which had decayed because they had not been properly cared for. At first Pink Jim dismissed the whole affair as "new fangled notions;" but another attack of sore throat more prostrating than any she had had before convinced her father that something must be done. When, therefore, the Traveling Clinic came up the cove a few weeks later, Pink Jim consented to have the doctor examine Sally Ann. A doctor and two nurses came with the clinic train. One of these nurses Miss Hope called her "supervisor." Just what this meant neither Sally Ann nor her parents knew, exactly; but as this new nurse proved to be as pleasant and sociable as Miss Hope, Pink Jim permitted the doctor to operate on Sally Ann.

Sally Ann had recovered quickly and her bright mind had unfolded with astonishing quickness as her body grew strong.

As the months went by Pink Jim was kept in a constant state of pride and expectancy as to what he might hear from his clever little daughter.

Shortly after her operation, Sally Ann astonished her parents by announcing, "I aim to quit drinking coffee. It ain't fer me, now I been to school, and seen how short and swivelled it makes girls and boys! The nurse and teacher said a body ought not to drink things that does 'em harm. Milk makes us grow, and coffee and snuff makes us no 'count. 'Pears like snuff might be alright fer you, Mammy, but the nurse is most pertickler that I don't take it. I'll give you all my birch brushes, Mammy, because now we all have nice store brushes with white handles; and we scrub and scrub our teeth at school. And the teacher learns us (no, teaches us) a funny little verse at the same time. Oh, I don't know which I love the most my teacher or my nurse! No,



coffee and snuff ain't fer me, now I been to school." With this remark as her final decision, Sally Ann picked up Baby Jim from his bed where he had been kicking and cooing at his sister's vehemence of utterance.

Baby Jim was a sturdy son of his father and weighed at six months what most babies weigh at ten. However, he was a mere armful to Sally Ann who balanced him astride her left hip as she strode across the yard towards the mountain road, singing as she went a verse from the song known to all Kentucky mountain folk:

"I swapped my calf and got me a mule,  
And then I rode like a dog-gone fool."  
As she finished the second line she spied coming down the trail the Public Health Nurse riding Billy Hill, the family horse.

Holding Baby Jim with a tighter grip she ran up the road, her bare feet deftly clinging to the rocky path. "I reckon you are all tuckered out, ain't you?" she called to the nurse—"Tired, but not 'tuckered out,'" the nurse smilingly replied. "The day has been so full of interesting things that dark is coming too soon. I am ready for supper, though, I have the appetite of a starved wolf!" Swinging from her saddle Miss Hope held out her arms to Baby Jim who gurgled delightedly and reached up his arms to be taken.

A bright flush of excitement had mounted Sally Ann's cheeks. She nervously clasped her hands behind her and poising on her tip toes, she half whispered; "Guess what's come fer you. Just one guess, remember, Miss Hope!" The nurse's eager answer "a letter," sent Sally Ann into a peal of laughter. "Well, there might be a letter, too, but there's something else you like even better than a letter. You used up yer guess, so I'll tell you. It is one of them (those, she corrected herself) blue books. "The Public Health Nurse," that you like so well. I've done peeped at the picters (pictures) and there's one of a girl like me holding her baby brother; only he don't look happy like little Jim. After

supper you will read about it to me and Mammy, won't you, please? Mammy says she would as lief hear you read aloud as to hear one of them (those) brown thrush sing. It ain't what you reads, she says, but the way your voice sounds, sorter sweet and soft. Baby Jim seems to like it, too. My! but you did skeer me," (scare me, corrected the nurse, softly), "scare me," repeated Sally Ann, "when you asked me to let you rock me hard in one of them (those) split-bottomed chairs—and then asked me how it felt. I reckon ef Baby Jim's gizzard was shook up like mine was he wouldn't feel like going to sleep right off."

As they neared the cabin Mrs. Green's voice announced that supper was almost ready, and the hound puppy began barking as joyously as if he had treed a coon.

Supper was quickly over, due not to the lack of food, but to the silence which characterizes the meals of the mountaineer. After the dishes were dried and Baby Jim lay asleep in his basket bed, Pink Jim and his wife, Sally, went down the hollow to see how the corn was "coming along."

Sally Ann was delighted with this opportunity for a tete-a-tete with her beloved nurse. She restrained her impatience until the nurse had had sufficient time to read her letter and then she asked might she come in. Miss Hope was sitting at a crude little desk, made from the mountain pine; and to Sally Ann's surprise she was reading a new book. Sally Ann had an insatiable love for books of any kind. "Oh, Miss Hope" she cried, "did you get another magazine besides your blue one?" "No, this is a pamphlet from our traveling library. I wanted to know more about school lunches, and this little book gives me not only the information, but the picture of the lunch box. See?" The nurse held up the folder before the child's interested gaze. "Before you got home today, Miss Hope, I was talking to Mammy,"—Sally Ann interrupted herself to ask earnestly, "Is it

just the same if I say mammy instead of mother? Somehow or other mammy sounds more natural for me. You always say mother, but then Pappy says you are a f—" she paused in confusion. Her instinctive courtesy would not permit her to call her friend a foreigner. "I reckon it all depends on what you was used to sayin' when you was little," she continued.

"Mammy is all right, dear, the word has the same meaning at heart," the nurse explained.

"Well, it 'pears like the Scriptures is on your side," Sally Ann responded, "for they say, 'Honor thy father and thy mother.' Maybe someday I can talk like you. Anyway, I am going to be a nurse like you when I grow up! I am going to do what that nurse in the picter says do, 'Complete your education, then come with me.' I'd like to wear a shawl like hers. The red side looks like sumac berries only it's a little brighter. And after I get all my book larnin' (education, I mean) and go through one of them (those) hospitals, do you suppose I can come back here to Coon Cove and larn (teach) boys and girls and grown folks too, how to be healthy and happy? Will I get that blue magazine, and will the 'N.O.P.H.N.'—as you call it—write me letters, and help me like they do you? I guess they will, because I'll tell them I am Miss Hope's

little Sally Ann; only I will be grown up then, won't I? I reckon ole Doc Hunter will be dead and gone by that time, but maybe there will be another like him. I heard him tell Pappy Jim the other day that now sence the mountain folks know you, we all couldn't no more git along without you than we could running water! Sakes alive! here I've talked on till you must be dead. I guess I better remember my school verse, 'Early to bed, and early to rise,' and get to bed right away." Her dark eyes smiled with her lips as she bade the nurse good-night.

Going to the open window Miss Hope looked out upon the evening scene; at the rough, narrow road winding up the mountain, and then at the dark pines and laurel keeping watch over the peaceful valley. Almost unconsciously she held up to the glimmering light her public health pin which she had unfastened from her uniform. Her eye could not see the tiny inscription on the gold medallion, but her heart read its message: "And when the desire cometh, it is a tree of tree of life." And then falling naturally into the Scriptural language of her mountain people she repeated softly: "And he shall be like a tree planted by the River of Life, that bringeth forth fruit in its season."

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## FROM THE SOUTH

The Traveling Supervisor spent a week in a small southern manufacturing town waiting for reinforcements and helping organize an entirely new piece of public health work, for the town had never had a health officer, much less a Public Health Nurse.

Jimmie, aged seven, was her faithful slave and attendant during that time, a bright, snappy, affectionate little chap who dipped snuff and chewed tobacco most of the time. When he realized that the Supervisor was leaving the next day, he said rather wistfully that he was sorry, for he would miss her. Hoping to drive home a much needed lesson, the nurse said earnestly:

"Do you really care as much as that, Jimmie?"

"You bet-cher life I do, came the quick answer."

"Then will you promise me something before I go?"

Drawing himself up to his full height, with his hands on his hips, this little baby-man drawled out:

"Gee whiz, if you're goin' ter ask me ter cut out snuff an' terbacco, you might as well save your breath."

## A DENTAL CLINIC FOR THE PRE-SCHOOL CHILD

By MARGARET H. HOPE

*Superintendent of Nurses, The Babies' Dispensary and Hospital  
Cleveland, Ohio*

ON July 26, 1920, The Babies' Dispensary and Hospital of Cleveland, Ohio, opened the first Dental Clinic for the pre-school child. A large, bright, sunny room on the second floor was given over to this work and a complete dental equipment was installed.

The clinic is open every morning from 9:00 to 12:00, with the exception of Sundays and holidays. Patients come from all parts of the city. Only those cases that cannot afford to pay the regulation dental fee are admitted. All cases are admitted through the Social Service Department and rated. A fee is charged according to the financial circumstances of the family. The rating system, however, does not debar those who cannot afford to pay a fee. Our object is to place each child in school with a perfect mouth of teeth, therefore we are trying to educate the mother to bring the child to us very early so that we may watch the development of the lower jaw and the proper spacing of the teeth.

Each child is given a thorough physical examination in our regular clinic; proper diet is prescribed and instructions in home hygiene given. If other defects are found, the parent is advised to have them corrected as soon as possible, and the patient is referred to the family physician or the proper

clinic, depending upon the financial circumstances.

The first visit to the Dental Clinic is for examination and an appointment for the work is then given.

It is wise first to gain the confidence of the child. We were fortunate in obtaining the services of a dentist who has the qualifications necessary for successful work with the small child. Prophylactic treatments are given first whenever possible, fillings and extractions being left until last. The average length of time for the child in the chair is from thirty to forty minutes. We try to keep the children from anticipating pain or discomfort. Plenty of toys are provided for their amusement while they are waiting their turn, (it is not an uncommon sight to see four or five children having a wonderful time with blocks, teddy-bear or doll). An infinite amount of pains and patience are needed in this work, but in summing up the results we feel more than repaid. No child need have a mouth of crooked or crowded teeth, or one that is filled with carious teeth.

We feel the need of this service is very great and soon we hope to devote full time instead of half time to it.

We are very much indebted to Dr. Harris R. C. Wilson, of the Mouth Hygiene Association, for his aid in organizing and supervising the work.

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## A VISIT TO THE QUEEN OF GREECE

Charlotte M. Heilman, who is with the American Red Cross in Greece, writes from Athens, referring to the February issue of *The Public Health Nurse*: "This number of the journal was excellent. I am sending it over to the Queen to read. She is fairly well informed on nursing work in America and admires us greatly. She has sent some 15 to 20 nurses to America to be trained (all in Boston, several at the Massachusetts General Hospital.)"

Mrs. Heilman now has 25 volunteers working regularly in connection with the Infant Welfare station in Athens; and comprehensive standards and practical rules covering Duties at the Conference, Duties at the Home, Records, etc., have been drawn up for the guidance of these volunteers.

# HOW A COMMUNITY LOSS MAY BE MADE A COMMUNITY GAIN

By ELEANOR McGARVAH

*Supervisor Department of Special Investigation, Department of Health;  
Detroit, Mich.*



*Midwife's Case Inspection*

ONE of the biggest problems the Health Department of any large city must work out is to obtain tactfully and intelligently the co-operation of its foreign population, in order to control and prevent contagious diseases. The efficient supervision of all midwives has proved one of the most satisfactory ways of reaching them. By this means also the department is able to control diseases peculiar to their practice and to secure a more accurate registration of births.

Midwifery has proved a sizable problem in the city of Detroit, because of the enormous immigrant population. It would have been utter folly to forbid the practice of midwives, unless the governing law were properly

enforced and unless as economical and acceptable an obstetrical service were substituted. Prohibition of any kind cannot be enforced without the co-operation of the people affected. People from European countries have not readily abandoned their custom of employing midwives for confinements. Many of these women have been well trained and are thoroughly capable of rendering a valuable service to the community.

In Detroit the practice of midwifery has been confined to normal cases and the Department of Health has been made acquainted with all abnormalities encountered by 55 licensed midwives who attend about one-sixth (4,606 cases) of the births of the city.

The laws of the State of Michigan

do not provide for the licensing of midwives. In revising the city ordinance this year, a yearly permit issued by the Health Department has been substituted for a license, which was formerly granted by the mayor. This has placed the control entirely within the jurisdiction of the department, and power of revocation can now be exercised without the necessity of convincing disinterested parties.

Midwives have been prosecuted for failure to file birth certificates in violation of the State law and for practicing midwifery without license, contrary to the city ordinance. Usually for the first violation a midwife is found guilty and given a suspended sentence, for the second offense she is fined, and for the third she is given a term in jail. Some are placed on probation. The chief difficulty is to secure willing witnesses. Altogether the results have been most gratifying.

Much of the successful prosecution has been the result of strict adherence to a policy of never presenting for court decision, cases which could be handled otherwise, or cases lacking sufficient material evidence.

The prosecution of each and every violation should be consistently consummated, as there is a danger of uncompleted cases being mentioned as an indication of inefficiency or partiality. Interested politicians have often tried to intercept justice in these cases, and had they been tolerated the law would have become null and void.

Whenever it has been necessary to prosecute a midwife for failure to comply with the requirements of the law, a full and unbiased report of the case has been given to, and been published by, the various foreign papers of the city.

The Health Department assumes the responsibility for the quality of service rendered by the licensed midwife, also for her presence at any case, so is entirely within its rights when demanding immediate notification of circumstances that call for other than the midwife's legitimate services.

The success of supervision is due largely to a complete registration of all

practising midwives in the city. This was made possible by offering a fee of 50 cents for every birth certificate accurately filed.

The department was so organized that the responsibility of supervision of these registered midwives was given to one nurse. The entire department gave their co-operation, and the board and commissioner gave to her their complete support in the exercise of her duties.

Before each midwife became individually known to the department, partiality or biased judgment was avoided by having her make a personal application to the supervising nurse. The same form was filled out for each. This showed:

1. The present and former names of the midwife.
2. Her present and previous addresses.
3. Her domestic relationship and responsibilities.
4. Her nationality.
5. Citizenship.
6. The length of time a resident in the City.

She was required to present a diploma from a recognized school of midwifery, whose course lasted at least six months, one which afforded her theoretical instruction in all subjects pertaining to the safe practice of midwifery, which offered as a minimum the observation of 50 cases, and the personal examination and delivering of at least 20 patients. If she had been practising in the community, she was expected to present recommendations from reliable physicians.

It has been made a practice to correspond with the health departments of the cities from which applicants have come. Occasionally information received has been very enlightening. Applicants whose credentials did not meet with requirements were told at once they could not be considered for a license, and were warned against practising. Having the record of application of each new midwife registered, any reports of activity on the part of a midwife, at her address located her. Should her qualifications prove acceptable, an appointment was made for an early examination.





*Examination of the Midwife's Equipment*

A standard examination was set which was not too technical, one which was based on what was desirable in the care of a woman during pregnancy, confinement and the lying-in period, the symptoms of abnormalities, and the hygiene of both mother and baby. The examination was given orally and replies to questions were written by the nurse at the dictation of the midwife. If the midwife was unable to speak or understand English, she was permitted to furnish a woman interpreter who had no knowledge of the subject at hand. Plenty of time was allowed for each question to enable the midwife to give it due consideration. The greatest difficulty was to keep her confined to the subject under discussion. In the majority of cases the supervisor gave the examination herself and she invariably decided on the credits to be allowed for each answer. To be considered for license, it was necessary for the midwife to secure a total of 75%.

The successful midwife was given a copy of the rules and regulations in her own language, and given an opportunity to ask any questions she wished about them. She was later given a course of five lectures covering the technique the department desired her to follow in her practice in the city. She was shown a sample equipment and required to prepare hers in the same manner. A report was made to the office of an investigation of her home before the permit was issued.

It must be remembered that the majority of midwives are to be found among a class of immigrants who have found it profitable to pay for every privilege accorded them since reaching our shores. There is therefore the greatest tendency on their part to offer gifts to gain favor, or to try to reach a plane of familiarity that would prevent impartial supervision.

Early in the supervision of midwives these traits were brought home to the department and it is believed the proper steps were taken to obviate this difficulty. As soon as the money

was offered, it was refused, and an explanation given to the midwife of the policy in such matters. She was required to sign a receipt for the money returned to her and the receipt was kept on file with her record. At times it was found necessary to call in a special officer to make her realize the seriousness of such advances.

By guarding the department in this manner, it has been possible to prevent any charges of bribery being substantiated. An attempt was made by one midwife to sue the writer for the return of a sum of money claimed to have been given for a license of the previous year. She did not, however, carry through the prosecution, nor did she make a charge under oath, so there was no possibility of making a counter charge of perjury.

Registration, examination and licensing of midwives did not alone complete a successful program. Constant and vigilant supervision had to be exercised to assure to the public the type of care it was desired they should have. A visit was made monthly to the home of the midwife and a report made on the condition of her equipment, home, etc. The nurses did intensive work in the districts where most of the babies were delivered by midwives. They were able to keep a close index on the service given these families and to locate unlicensed midwives who were practising.

Each violation discovered was reported to the office and the midwife was summoned for an interview. She was warned not to let this occur again. If serious results had occurred or rules been deliberately broken, the matter was referred to the mayor, with an application from the department for the revocation of the midwife's license. The reaction on the other midwives from such a course was always good; also the community was impressed with the care the department was exercising for their protection.

There being no charge for the license, no plea could be made at the time of revocation of having made any investment. The department's posi-

tion of independence could thus be maintained and obedience to requirements demanded.

Once the supervision of midwifery was established, it became advisable to offer some constructive program. Regular meetings of the midwives with the supervisor were arranged for the discussion of problems which they met with from time to time in their practice. An opportunity presented itself in this way to make the midwives an asset rather than a liability by teaching them the principles of public health, which we wished them in turn to pass on to their patients.

This expression of confidence in their ability to do this service had an excellent effect on the character of their work and on their appreciation of the Health Department. They seemed to enjoy the privilege of giving service in return for the opportunity given them to make an excellent livelihood. The midwife has a very inti-

mate acquaintance with the people among whom she works. They confide in her all matters pertaining to health and to social problems in their homes.

Many cases they attend prove to be abnormal either at the time of confinement or later. At the first indication of abnormality the midwife informs the family that she is required to call for medical help and to acquaint the Health Department with the circumstances at once. In this way she herself is protected and the Health Department proves able and willing to take charge of the emergency.

Midwifery supervision necessitates a long and at times discouraging process, but it has proven well worth the effort and patience entailed, for these women do wield a tremendous influence in their community and any persevering Health Department can make this a power for good.

## THE INTRICACIES OF TEACHING ENGLISH

To a substitute teaching a group of Lithuanian men during the illness of their usual instructor, it became perfectly evident that the regular teacher was the person preferred.

After much conversation among themselves, one a bit braver than the others announced in broken English that the class wished to do something for the sick teacher. The substitute suggested that it send her a message or a letter and that she, herself, would be very glad to write it if the class would tell her what to say.

After further conversation, Tony, apparently the star pupil, was elected as spokesman. He started bravely:

"We wish you good health", - - -

Then a long pause - - -

"Much more words, Missis; you say the more words".

We have all of us felt more or less in Tony's predicament when the desire for speech has seized us and our lack of French, Italian, Polish, or what-not has brought home to us Tony's desire for "more words".

# A CLINIC IN KENTUCKY

By MARIAN WILLIAMSON

*Supervisor, Bureau of Public Health Nursing State Board of Health  
Louisville, Ky.*

**I**N a valley nestling between mountains in one of Kentucky's most primitive counties, fifteen miles from the railroad and civilization, is a school settlement maintained chiefly by one of the Louisville churches. When a call came from the Public Health Nurse and teachers of the settlement to the Kentucky Health Department, requesting that they send a specialist into the mountains for a tonsil and adenoid clinic, the Health Department sent one of its nurses and three of the best doctors in Louisville (who volunteered their services) in response.

On leaving Louisville the sun was shining and it was a lovely day in general; but the next morning, as we stepped from the train at the little mountain station, rain was pouring, which made the prospect look most discouraging. But our discouragement only lasted a few seconds; for about this time a bright looking boy stepped up and wanted to know if we were the doctors and nurses for the settlement. We were then told we must cross the river in a flat boat, which meant sitting in mud and water. When we reached the other side we at once went to one of the cabins in order to warm and try to arrange for some breakfast. Each one of us had a sandwich, and with that and an outfit for making coffee, brought by one of the doctors, we managed very well.

About nine o'clock it was still raining hard, the fog was covering the mountains until we could hardly see them, and it looked as though the sun would never shine in that section of the country again. One of the boys sent to guide us across the mountains announced that we must go on, as the trail was both long and hard and darkness would catch us before we reached the settlement; and so we started on muleback and horseback. Many places the trail was so narrow that two horses could not go abreast, in others mud was so deep it looked as though

the horses would never be able to draw their feet out again. Six miles of this ride was up a creek bed. The heavy rains had made the tide rise so rapidly that our horses went down to their knees in water, and several hundred yards would have to be traveled before we could get in shallow water again. One can imagine the comfortable feeling of the water splashing on the legs and the tenseness of holding the mule to keep him from pitching one over his head, and from falling on the slippery rocks! Then overhead the pouring rain with the water dripping off our hats and into our eyes and faces! It was a tired, cold and hungry party that reached the settlement after several hours travel, with the rain still pouring; but thank goodness, not a grouch in the crowd.

Immediately after changing our clothes and getting a good meal, we went to work. Our coming had been well advertised, thanks to the teachers and two Public Health Nurses in the district, so the people were coming into the clinic when we arrived, and we at once got busy examining the children and kept at it until after dark. That night the nurses made sponges which we sterilized by baking in the oven. The next morning we were up with the dawn, getting our operating room in readiness, which was an improvised one in the kitchen, but the large living room in the Community House served nicely as a ward for our small patients. The splendid co-operation received from the teachers and parents of the children and everybody in the district was a joy to behold. During our three days' stay, nearly one hundred children were examined, coming from a radius of fifteen and twenty miles over the mountains. Twenty were operated on for tonsils and adenoids; ten for eye troubles. The appreciation of these people made us all very happy, and another clinic was promised in the spring time.

# SOCIAL SERVICE

By JOHANNA A. GRUBER, R. N.

*Welfare Worker, Edgar Thomson Works, Carnegie Steel Co.,*

Braddock, Pa.

## II.

### INDUSTRIAL SOCIAL SERVICE

**T**HIS paper will deal with Industrial Social Service, in other words, the method of procedure with problems arising in industry and the problems in families of employees.

Industry fully realizes the extreme importance of social service; because industry expects efficiency of the employee. Modern thought is placing less emphasis on material considerations. It is recognizing that the basis of national progress, whether industrial or social, is the health, efficiency and spiritual development of the people.

How can we expect efficiency of an employee whose environment, either at work or at home, is of such a type that the laws of human nature are bound to be violated? For instance, conditions of home or factory which do not come up to hygienic requirements, resulting in disease; unguarded machinery, causing accidents; haphazard care after injury, resulting in infections and possibly premature death. Industry will and can obtain efficiency only by making every effort to educate the employee, so that he will realize the importance of keeping physically fit. Both employer and employee will gain equally by this method.

The various industries and works vary in their type of social service. One company will favor the recreational phase of social service, another may in addition follow up with case work, etc. The Carnegie Steel Company, by which I am employed, has nine general superintendents and thirty mills, all of which deal with the manufacture of steel. They employ anywhere from 900 to 14,000 men in each mill.

### *Edgar Thomson Works and Its Various Phases of Social Service*

I am stationed at the Edgar Thomson Works, Braddock, Pa. These works employ about 7,000 men. We have about 24 different nationalities represented among the various employees. We find that the Slovak language is the predominating one.

The classification of the various phases of social service conducted at the Edgar Thomson Works is as follows:

1. Employment Department.
2. Safety Department.
3. Emergency Hospital.
4. Accident and Relief Department (dealing with compensation).
5. Pension Fund.
6. Educational Phase.
7. Recreational Phase.
8. Housing Problem.
9. Family Case Work.

1. *Employment Department.* All men before being employed are given a thorough physical examination by the examining physician and a man is only employed providing he comes up to the Company's standard requirements.

The employee is now ready to start his work in the department to which he is assigned. He is given a small booklet instructing him along the lines of safety in his particular work. This leads us to the kind of service rendered by the Safety Department.

2. *Safety Department.* The plant is divided into 18 general safety committees. Each committee is again divided into sub-committees. The committees are composed exclusively of department superintendents, their assistants and foremen who give their undivided attention to safety, welfare, sanitation and education of the men who come under their jurisdiction. The reports of the Safety Committee meetings are sent to the General Superintendent in order that he can be in close touch with their work.



These men follow up all the latest movements pertaining to safety and welfare, by attending schools which are being conducted by the Department of Labor and Industry in Pittsburgh, as well as the Americanization schools conducted by the Chamber of Commerce and Bureau of Mines.

All plant equipment has been revised and all new installations are being put in according to rules and regulations which meet requirements of the Department of Labor and Industry. Statistics furnished by the National Safety Council have shown that two-thirds of all industrial accidents are due to carelessness and negligence on the part of the employe; the other one-third being due to unguarded machinery. Statistics compiled at Edgar Thomson Works in the past five years have changed these figures and show that 96% of all accidents are due to carelessness on the part of the employe; 4% due to other unavoidable causes.

This great achievement has been accomplished only by the close co-operation of the members of the Safety Organization and the man on the job. However, since we still have employes who meet with accidents we must be prepared to render them adequate care; this is done in the emergency hospital.

3. *Emergency Hospital.* This consists of a waiting room, dressing room, operating room, supply room, nurses' room, X-ray room and a small ward. Each room is fully equipped according to the latest methods.

The Emergency Hospital is open to the employes both day and night. There is a graduate nurse on duty at all times. Three nurses are employed at the hospital, each nurse being on duty for eight hours. Two local company surgeons are in charge of the hospital, and they are always on call.

Each department superintendent is instructed to inform his foremen, and the foremen their sub-foremen, etc., down the line, until it reaches every employe, that he must report at the Emergency Hospital, if he meets with an accident, regardless of how slight

the injury may be. By full co-operation with this request it is possible to avoid delayed treatment cases, by which the percentage of infection can be reduced to a minimum amount, at the same time preventing lost time caused by infection.

In the majority of cases the nurse dresses the injury the first time, provided it is not serious enough to summon the surgeon. We have three dressing mornings—by which is meant that patients are re-dressed on Tuesdays, Thursdays and Saturdays of each week from 8 a. m. to 12 noon. On these mornings both surgeons are on duty. The nurse's duty is to see that the surgeons have the necessary surgical supplies, to keep a record of all case numbers, and to be responsible for the removal of all old dressings. On the other days, only one surgeon is on duty from 10 a. m. to 12 noon.

In case an employe meets with a serious accident, his fellow-workmen immediately secure a stretcher. Stretchers are located in all departments throughout the mill; and the patient is brought to the Emergency Hospital. The surgeon is summoned, first aid is given the patient, and he is then conveyed by ambulance to the West Penn Hospital, where the Carnegie Steel Company has a ward called the Carnegie Ward, which is in charge of Dr. Wm. O'Neill Sherman, Chief Surgeon. The patients are given the best of care, naturally, free of charge. These cases usually terminate into compensation cases.

4. *Compensation.* According to the law of the State of Pennsylvania, every employe must receive compensation from the Company by which he is employed, in case he is injured on their premises and while on duty, and is disabled. Compensation starts 14 days after injury. The percentage of compensation is arranged according to the number of children under 16 years of age, and also according to the employe's wages. Should the employe lose his life through the injury received on duty, the compensation is paid to the widow and children who are under 16 years of age, every two

weeks, on the installment plan. For example, a widow with 6 children under 16 years of age will receive 60% of the man's wages for a term of 300 weeks. Should the widow remarry, her own portion of the compensation is deducted and only the children are given their portion. Should the employe again become well from his injuries, compensation ceases from the date he resumes his work. Should he remain with the Company long enough he is entitled to a pension.

5. *Pension Fund.* The Carnegie Relief Fund was established March 12, 1901, by Andrew Carnegie, and in 1910 the United States Steel Corporation added a large sum to it, and on January 1st, 1911, it was reorganized into the United States Steel and Carnegie Pension Fund. Its purpose is the payment of old age pensions to employes. Pension cases are divided into three classes, as follows:

Class 1. Pensions by compulsory retirement. All men who have been 25 years or longer in the service and have reached the age of 70 years, shall be retired and pensioned. This same rule pertains to women, with the exception that the age is 60 years instead of 70.

Class 2. Pensions by retirement at request. Any man who has been 25 years or longer in the service and has reached the age of 65 years, may be retired and pensioned, either at his request or at the request of his employing officer. The same rules refer to women, excepting that the age requirement is 55 years.

Class 3. Pensions for permanent incapacity. Any man who has been 15 years or longer in the service and has become totally incapacitated through no fault of his own, as a result of sickness or injuries, may be pensioned at the discretion of the Board of Directors. No pension granted shall be more than \$100.00 per month, or less than \$12.00 a month, arranged according to the employe's income and length of service with the Company.

Long service of the employe can, undoubtedly, be encouraged when the employe is educated, so that he can advance in his work and be given a better position, bringing in better pay. This leads us into the phase of education.

6. *Education.* One of our biggest problems is the Americanization movement, not only among the foreign born, but also among the natives. In other words, to make each and every one a

happy, loyal, English-speaking American citizen. The Americanization problem can be solved only by the fullest co-operation of three great factors:

- (a) The educational agencies.
- (b) The industrial agencies.
- (c) All other co-operative agencies.

We co-operate with the night schools for the foreign born, where they are taught to read and write the English language. Steps are being taken by the Americanization Schools to begin citizenship study among the foreign born employes of the large industries.

Classes in first aid work are also being conducted for the benefit of our employes. A Work's school is being conducted by the Edgar Thomson Works, giving the employes an opportunity of taking up a course covering a period of two years, which will embrace a theoretical and practical study of steel making, from the raw material to the finished product. The purpose of this course is to afford ambitious men an added opportunity for self advancement.

We all realize that, aside from education, work and rest, we must have recreation, which leads us to the next phase.

7. *Recreation.* This is an important factor in one's life, especially the question as to whether or not it is of a wholesome type. Industry is making every effort to give the employes and their families wholesome recreation. Recreation and athletic programs are gaining more and more prominence each year in the industrial world, and are an important factor to the employe.

I will not go into detail, but will only mention several of our types of recreation. For instance, the Edgar Thomson Works had a basket picnic for all the employes and their families, which was accompanied by various kinds of amusement. This picnic was held on the third of July, 1920. Twenty-five thousand people attended the picnic, and certainly they all very much enjoyed it.

At Christmas we had a community Christmas Tree, decorated with several thousand lights. All employes were given tickets for their children, rang-

ing from 4 to 12 years of age. On the afternoon of December 24th all children were invited to see the tree, each child presenting a ticket which entitled him or her to a box of candy and three balls of pop corn.

We delivered toys to 147 children, ages from 6 months to 15 years. The children on our Christmas list, in the majority of cases, were the children of widows who are in destitute circumstances. In some cases the children were full orphans; the father and mother both dead and the children being cared for in private homes under the jurisdiction of the Juvenile Court. In other cases, the parents are confined in tuberculosis sanatoria, naturally unable to care for their little ones.

The circumstances in one family whose name was on the Christmas list, are very sad. Both parents are insane and are confined in an institution for the insane. In another case, the mother deserted her family and the father is a patient in the Tuberculosis Sanatorium in Cresson. This man has not been able to work for several years. When I called at the home where the little children are being cared for, they appeared overjoyed to see me. Little Sammy informed me that he had been watching for me at the window, as they had received a letter from their father in which he told them that I would bring them some presents, and he was counting the days to see how soon I would visit them.

Baseball and bowling leagues have been formed. The art of boxing has been taken up for the benefit of many of the employes. Interesting entertainments are given in the evening, with the assistance of a male quartet, plant orchestras, etc. Many talents are found in a group of 7,000 men. Wholesome moving pictures are shown to employes and their families.

We have just been informed by Mr. O. J. H. Hartsuff, General Superintendent of the Edgar Thomson Works, that a tract of land has been purchased near Braddock station of the Pennsylvania Railroad. This will be improved, as soon as the weather permits, into one of the most up-to-date

athletic fields in the Western part of the State of Pennsylvania, and will be called the Edgar Thomson Athletic Field.

Aside from education, employment and recreation, man is very much in need of another phase of social service, that is, the solving of the housing problem. This is such a tremendous problem that it has been utterly impossible to solve it, but efforts are being made to do so.

8. *Housing Problem.* The Edgar Thomson Works have at present 118 houses which are rented to employes at a minimum rate. The number of rooms in these range from 4 to 16. These houses have modern equipment, gas, electric lights, bath, laundry, and hot air furnaces. This number of houses is very small in comparison with the number of employes, but this housing plan has only been in existence for a comparatively short time. However, there is another method of benefiting the employe; he can own his own house, if he so desires. Three different methods are offered:

1. Installment payment plan for an existing dwelling, where an employe applies to the Company to purchase a home from a private owner. The dwelling will be sold to him under a contract providing for an initial payment and the balance to be paid in monthly installments extending over a period not exceeding ten years, with interest on deferred payments at the rate of 5% per annum.

2. Under the second plan, the Company will guide the employe in the selection of a proper location, will furnish complete building plans to meet his needs, will assume responsibility for the proper construction of the dwelling at a minimum cost, and will sell the dwelling to him on the same terms as outlined in the first plan.

3. This plan is devised to meet the condition where the employe wishes to make a larger initial payment. A loan will be made on property and repayment will be secured by first mortgage payable in installments over a maximum period of ten years, with interest at 5% per annum. This plan applies not only to existing dwellings but also to houses to be built.

This covers all the different phases of Industrial Social Service conducted at the Edgar Thomson Works, with the exception of case work, which will be the topic of the next paper.

(To be Concluded)

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## A List of State Supervising Nurses

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We have been asked to publish, from time to time, a list of State Supervising Nurses, and believing that such a list will be helpful to our readers it is our plan to publish it twice a year—in January and July.

The Red Cross Directors of Public Health Nursing Divisions will be included with this list; but since the names of these directors, after the recent alignment of new divisions, was published in the Red Cross Department of our May issue, we are not reprinting them this month.

*Alabama*—Jessie L. Marriner, R. N., Director, Bureau of Child Hygiene and Public Health Nursing, State Board of Health, Montgomery.

*Arizona*—Luella Erion (placed by Pacific division of Amer. Red Cross) Phoenix. Mrs. Chas. R. Howe, Director of Child Welfare Bureau, State Board of Health, Phoenix.

*Arkansas*—Linnie Beauchamp, R. N., State Supervisor of Nurses, State Board of Health, Little Rock.

*Connecticut*—Margaret Stack, R. N., Director Bureau of Child Hygiene and Division of Public Health Nursing, State Department of Health, Hartford.

*Florida*—Harriet B. Sherman, Anti-Tuberculosis Association, 509 Dyal Upchurch Bldg., Jacksonville.

*Georgia*—Chloe M. Jackson, Exec. Nurse, State Dept. of Health, Atlanta. Dr. Dorothy Becker, appointed State Director Child Hygiene, Free Clinics, Rural Committees.

*Indiana*—Ina Gaskill, State Supervising Nurse, State Board of Health, Indianapolis.

*Kentucky*—Marion Williamson, R. N., State Supervisor, Bureau of Public Health Nursing, State Board of Health, Louisville.

*Louisiana*—Mrs. M. Coale Alpha, R. N., Director Bureau of Nursing, State Board of Health, New Orleans.

*Maine*—Edith Soule, State Dept. of Health, Augusta, Maine.

*Maryland*—Lydia R. Martin, Supervisor of the Bureau of Public Health Nursing, State Board of Health, Annapolis.

*Massachusetts*—Blanche Wildes, State Supervisor of Public Health Nursing, Board of Health, Boston.

*Michigan*—Harriet Leck, R. N., Director Bureau of Nursing and Child Hygiene, State Department of Health, Lansing. (Hope Romain has been appointed organizer for Bureau of Child Hygiene, State Board of Health.)

*Minnesota*—Frances V. Brink, R. N., Supt. of Nurses, State Board of Health, St. Paul.

*Mississippi*—Nannie I. Lackland, R. N., Director Bureau of Public Health Nursing, State Board of Health, Jackson.

*New Hampshire*—Elizabeth Robison, Supervising Nurse for New Hampshire, Concord.

*New Jersey*—Charlotte Erlicher, R. N., Supervisor of Nurses, State Department of Health, Division of Child Hygiene, Trenton.

*New Mexico*—Margaret Tupper, Director of State Board of Health, Division Public Health Nursing and Child Hygiene, Santa Fe.

*New York*—Mrs. Bertha McChesney Mascot, Supervisor of School Nurses, State Department of Education, Albany. Mathilde S. Kuhlman, Director Division of Public Health Nursing, State Department of Health, Albany.

*North Carolina*—Rose M. Ehrenfeld, R. N., Director Bureau of Public Health Nursing, State Department of Health, Raleigh.

*North Dakota*—Ruth Bracken, State Supervising Nurse, 16 Haggart Bldg., Bismarck.

*Ohio*—Hulda A. Cron, R. N., Chief Division of Hygiene, Bureau of Public Health Nursing, State Department of Health, Columbus.

*Oklahoma*—Rosalind MacKay, R. N., Director of Public Health Nursing, 408 Empire Bldg., Oklahoma City.

*Oregon*—Jane C. Allen, R. N., State Advisory Nurse, Bureau of Nursing, State Board of Health, Portland.

*Pennsylvania*—Alice O. Halloran, R. N., Chief, Division of Nursing, Department of Health, Harrisburg.

*South Carolina*—Mrs. Ruth A. Dodd, R. N., Supervisor of Child Hygiene and Public Health Nursing, State Board of Health, Columbia.

*South Dakota*—Mary G. Fraser, R. N., State Supervisor of Public Health Nursing, Armour. Mrs. E. F. Wanzer is Director of Division.

*Tennessee*—Emma Wilson, State Supervising Nurse, State Board of Health, Nashville.

*Texas*—Mrs. Lydia H. King, Director, Bureau of Child Hygiene and Public Health Nursing, State Board of Health, Austin.

*Utah*—Lennie B. Arthur, R. N., State Supervising Nurse, State Department of Health, Salt Lake City.

*Vermont*—Elizabeth Van Patten, R. N., State Supervisor of Public Health Nursing, State Department of Health, Burlington.

*Virginia*—Mrs. R. W. Croxton, R. N., State Supervising Nurse, State Board of Health, Richmond.

*Washington*—Mrs. Elizabeth S. Soule, State Supervising Nurse, State Department of

Health, Seattle.

*West Virginia*—Mrs. Joan T. Dillon, R. N., Director Bureau of Child Hygiene and Public Health Nursing, State Department of Health, Charleston.

*Wisconsin*—Mrs. Mary P. Morgan, R. N., Director Bureau of Child Welfare and Public Health Nursing, State Board of Health, Madison.

*Wyoming*—Agnes Cogan, State Supervising Nurse, Cheyenne.



We are glad to publish the accompanying picture of the City Health Officer and the Supervising Nurse and Staff of the Charlotte Cooperative Nursing Association. This Association has just published its third annual report for the year 1920—the second report since the association was organized on a municipal basis.



## ORGANIZATION ACTIVITIES



### OUR NEW ADDRESS 370 SEVENTH AVENUE

(At Thirty-First Street)

PENN TERMINAL BUILDING, NEW YORK CITY

The membership Department reports the following new memberships for the month of May: Professional, 176; Sustaining, 159; Associate corporate, 23. Total 358.

The following states lead in their enrollment for the month:

Michigan .....	56
New York .....	54
Illinois .....	40
Massachusetts .....	29
Pennsylvania .....	28
Rhode Island .....	22
Ohio .....	16
Missouri .....	13
New Jersey .....	12

### COMPARISON OF VISITING NURSE ASSOCIATIONS IN 11 LARGE CITIES TO SHOW THE NUMBER OF INDIVIDUAL MEMBERS OF THE N. O. P. H. N.

City	Date of Last Re-registration	No. Nurses on Staff	Individual Members	Applicants	
Buffalo, N. Y.	(June 1921)	45	13	29	93%
St. Louis, Mo.	(June 1921)	35	28	3	88%
Chicago, Ill.	(Dec. 1920)	88	65	7	81%
Cleveland, Ohio	(Aug. 1920)	35	25	2	77%
Minneapolis, Minn.	(Jan. 1921)	21	14	2	76%
Detroit, Mich.	(June 1921)	56	36	7	75%
Boston, Mass.	(June 1920)	80	53	1	67%
Brooklyn, N. Y.	(May 1921)	67	36	3	58%
Philadelphia, Pa.	(June 1921)	76	39	1	52%
Providence, R. I.	(June 1921)	45	18	1	42%
New York, N. Y.— (Henry St. Settlement)	(Apr. 1921)	161	32	2	21%

The Section of the N. O. P. H. N. on Child Welfare is arranging a meeting at the time of the Annual Meeting of the American Child Hygiene Association, which will be held in New Haven, Connecticut, November second-fifth. The full program will appear in a later issue of the magazine.

The Chairman of the Section of the N. O. P. H. N. on Industrial Nursing is very anxious to get full information and details of all clubs and all organizations of industrial nurses throughout the country. Industrial nurses are urged to send in to the New York Office items which will further the development of this Section.

Below is a comparison of individual membership in visiting nurse associations.

The figures in this table are based upon the last re-registration list furnished the Committee on Eligibility. It will be seen that all are for the year 1921 except for those associations whose re-registration as an active corporate member is not due until after June 1, 1921.

These percentages should not be confused with the percentage of eligibility for individual active membership. For example the Brooklyn Visiting Nurse Association was re-registered in May with 100 per cent of its staff *eligible* for individual membership while this table shows that 58 per cent of the staff are either individual members or applicants.

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## BOOK REVIEWS AND BIBLIOGRAPHY

### LIBRARY DEPARTMENT

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Dr. W. W. Peters of the Council on Health Education, Shanghai, has sent to the Library, in courteous exchange for some of our reprints, a set of pamphlets and charts, some written entirely in Chinese, others bilingually, which cover in miniature the whole field of public health for popular instruction among the Chinese—Sanitation of a Chinese City, Practical Hygiene, the familiar Kill the Fly ("swat" is apparently unknown in Chinese), the Communicable Diseases and many others.

"Songs of Hygeia" and "Verses on Eugenics" are on the list—(These, alas, come only in the charming to look at, but inscrutable to us, Chinese characters). Posters and charts quaintly dramatic, are also in this interesting series, all impregnated with that delicate scent of tea-chests and delectable ginger pots our youth remembers. One of the posters, "Prevention of Typhus," is reproduced on the opposite page, and a translation is given below.

#### CHART ILLUSTRATING THE PREVENTION OF TYPHUS

1. To prevent typhus, get rid of lice by bathing.
2. Shave the head to get rid of the lice in the hair of a man.
3. For a woman, wash the hair with kerosene to get rid of lice.
4. Lice in clothing: Boil with hot water.
5. Lice in furs: Sterilize with steam.
6. Lice in clothing and furniture: Fumigate with sulphur.
7. Sulphur fumigation in enclosed chamber.
8. While traveling bring an army cot and sleep in it, so as to avoid lice.
9. While taking care of sick persons, wear an overall to prevent contagion.

Issued by the China Health Educational Association.—Translated by Wm. Hung.

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#### THE PSYCHOLOGY OF NURSING

By Aileen Cleveland Higgins, A. B., R. N.  
(Mrs. John Archibald Sinclair)  
New York: Putnam, 1921.

**T**HE first paragraph of the foreword of this new book offers a hint of its charm

The trained nurse, like cloisonne, is made up of many "precious things." Virtue upon virtue, gift upon gift, power upon power, the ideal nurse possesses. That she must be a psychologist has been recognized since the days of very early nursing.

The jacket recommendation informs us that:

The committee on Education of the National League of Nursing Education now recommends that psychology be included in the first year of a nurse's study.

In 332 pages, the subject of psychology as related to the work of nurses is carefully considered and becomes robbed of most of the horrors that rather generally have surrounded this

mythically difficult subject. The nurse indeed is not unlikely to discover that she has always practiced psychology, if unknowingly. In spite of certain definitions attached to each chapter, and excerpts from the writings of William James, E. L. Thorndyke and others, the student will feel the need of additional study in one or more standard works on psychology and of the review of the anatomy and functioning of the nervous system suggested on page 123 of this book.

*Questions for Study and Questions for Re-Education* close each chapter and the analysis of subjects in these chapters, under contents, is unusually suggestive.—M. C. B.

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#### HEALTHY MOTHERS HEALTHY BABIES HEALTHY CHILDREN

By S. Josephine Baker, M. D., D. P. H.  
Minneapolis: Federal Publishing Company, 1920.

The three books by Dr. S. Josephine Baker, *Healthy Mothers*, *Healthy Babies*, and *Healthy Children*, although meant as handbooks for mothers, offer many suggestions to nurses doing any phase of Child Welfare work.

The mothers to whom the books could be given with advantage would be only those mothers who have much more than the average amount of preliminary education. The instructions are not sufficiently direct and simple in detail to be of much real help to the majority of mothers.

# 說圖防預症熱瘟



會育教生衛華中

Chapter 3 of *Healthy Mothers* will be particularly helpful in giving nurses the facts with which to overcome many superstitions connected with heredity and maternal impressions.—*A. A. S.*

#### READINGS IN RURAL SOCIOLOGY

*By John Phelan*

New York: Macmillan, 1921

It is an outstanding fact that rural nurses need to cultivate an understanding of Rural Sociology—observation plays a big part, but expert knowledge is not to be despised. Readings in Rural Sociology will give public health nurses a most valuable accumulation of material concerning the rural South, East, North and West. Chapter VIII in particular gives a very comprehensive and interesting discussion of "Rural Health."

To nurses engaged in rural work, any part of the book will prove a most interesting "story." Those who have not entered the field as yet, will find a picture of the advantages, disadvantages and particularly the wonderful possibilities in the "country life."

One phase that will be of special interest is that of the County Unit with full county health officers. The discussion given of this plan seems, if it can be put in action, a possible solution of many difficulties now confronting the nurse. Not only is the health problem of interest to the nurse, but the educational and the economic, both so closely allied and needing a balanced consideration.

This expensive volume can hardly be purchased by the individual nurse, but it should certainly have a place in every Public Library, large or small, accessible to the public health nurse as a reference book.—*Frances V. Brink.*

#### BLIND

*By Ernest Poole*

New York: Macmillan, 1921

This book is one of extraordinary interest to settlement workers and nurses. The writer works deeply into the heart of the social problem of the day. Mr. Poole carries the reader through the glamor, the wretchedness

and despair of the Great War, straight home to an individual responsibility that forces a compelling analysis of the present unrest. The tragedy of today cannot become the comedy of tomorrow when one weighs one's frail understanding against that of men who gave their physical sight for that inner light which should illumine our foreshortened vision. To have seen Europe disrupted, and still to have idealized France, to have comprehended England, to have analyzed the Russian Revolution as "a sombre vast adventure," unfinished, with measureless possibilities, and charged to work out an immortal freedom, to make each one of us feel the burden and responsibility of a part in the horrible truth of it all,—is the prerogative of the American journalist.

The author epitomizes for us, "In us all is a reserve of idealism, courage, devotion and endurance, the presence of which we barely suspect, we who are so tragically blind. A Russian engineer once said:

"We are beggars sitting on bags of gold."

That is true of all humanity. And through the years that are coming the gold will appear to our opening eyes.

—*Jessie Rogers.*

#### A PRIMER FOR DIABETIC PATIENTS

*A Brief Outline of the Principles of Diabetic Treatment, Sample Menus, Recipes and Food Tables.*

*By Wilder Foley Ellithorpe*

Philadelphia: Saunders, 1921. \$1.50

This little book is the result of the need felt by the Mayo Clinic for a "brief outline of the principles underlying the dietary treatment of diabetes." Its brevity and simplicity, in addition to the authority of the material, should commend it.

#### THE GROWTH OF THE SOIL

*Translated from the Norwegian of Knut Hamsun*

New York: Knopf, 1918

This is truly a remarkable book. One does not need to be a dweller "on the soil" to feel the primitive sweeping appeal of this tale, so simple and profound.

**DIGESTS AND NOTES**  
**INFANT WELFARE WORK IN EUROPE**—recent experiences in Great Britain, Austria, Belgium and other countries—is the last report of the U. S. Children's Bureau, Washington, D. C. The publication of this very comprehensive pamphlet may be taken as an occasion for reminding our readers of the Bureau's weekly Summary of Current Literature which calls attention to all notable magazine articles from foreign as well as American sources.

**BULLETIN OF THE LEAGUE OF RED CROSS SOCIETIES**, published monthly at 2, rue de la Scie, Geneva, Switzerland, will be found to contain many interesting articles, reports and notes, on the health and relief activities now being carried on in Europe. The March-April number has the digest of a report made by Dr. Clotilde Nolin, "The Protection of Motherhood." It gives an outlined plan for the problem which is now before France, and suggests the main points of importance to all countries faced with the problem of industrial hygiene as concerned with the working woman.

**DAYLIGHT IN THE SCHOOLS**—a report of health problems in education—is another valuable, though short, contribution from School Life. This magazine, published twice each month by the U. S. Bureau of Education, Washington, D. C., is well worth its subscription price of fifty cents per year.

**THE TOWN OF PROMISE**, written by Maria H. Stryker, and published by the Philadelphia Health Council and Tuberculosis Committee, 10 S. 18th St., seems to us quite a delightful health pageant. Single copies can be had at seven cents.

**THE MOST HELPFUL BOOKS FOR THE FARM FAMILY** suggests by its title the purpose of the May Bulletin of the Missouri State Board of Agriculture. The books listed seem to cover admirably most of the needs of the "family" in question. Suggesting books which are of common interest to this family is often a difficult problem to the rural nurse.

**YOUR OPPORTUNITY IN THE SCHOOLS**, the latest Child Health Organization pamphlet, is by Dr. L. Emmet Holt and may be ordered from the U. S. Bureau of Education, Washington, D. C.

**A SYNOPSIS OF THE CHILD HYGIENE LAWS OF THE SEVERAL STATES** (including School Medical Inspection Laws) may be ordered from the U. S. Public Health Service, Washington, D. C.

**COURSE IN FOOD SELECTION** is an excellent Red Cross booklet—written primarily for Red Cross classes, but very generally useful. It is arranged by "Lessons" with discussions, each followed by a short bibliography. All nurses should know it. To order, send fifty cents to the

National Headquarters, American Red Cross, Washington, D. C.

The Mead & Wheeler Company, 35 S. Wabash Avenue, Chicago, publishers of the standard record forms, have just issued a revised catalogue, containing Miss Olmsted's statement on the use of the forms, together with other useful information. The Company will send samples of the record cards and catalogue on request.

Mme. Curie has been presented with the gold medal of the National Institute of Social Sciences. Among others honored at the same time was Miss Julia Lathrop of the Children's Bureau.

### YOUNG WOMEN'S CHRISTIAN ASSOCIATION

The activities and publications of the Young Women's Christian Association, 600 Lexington Avenue, New York City, continue to grow in interest to Public Health Nurses. Under the Bureau of Social Education a film has recently been released—the "*High Road*." It represents an ideal of individual and social health put forward by the Woman's Foundation for Health. It also shows conditions as they exist in small towns, and cities—lack of opportunities for healthy recreation and activities, and how all this may be changed. Very well done. From this same standpoint, the Association has several sets of colored posters, with again the emphasis on "recreation."

The value of the pamphlet publications of this same Bureau will be suggested by their titles—"Proper Clothes, Careful Grooming, Intelligent Living, and Put the Shine On"—all useful material to nurses. *Exercises for Business and Professional Women* is a well illustrated folder, small and convenient. *Health Inventory* is a practically arranged series of questions to be considered and filled in—excellent to use with girls' clubs or classes.

From the Division of Work for Foreign Born Women, another Y. W. C. A. bureau, there comes *Il Bambino*—a charming booklet (also technically correct we are told) to use with foreign mothers. It has not been translated into English, but into Spanish—



which will be of interest to nurses working near our Mexican borderline.

Price lists and descriptive catalogs of all this material may be secured, on request.

#### POSTERS AND EXHIBITS

Posters are always in such demand that the announcement of a new chart by the National Tuberculosis Association will be especially welcome to those preparing for county fairs and rural school work. It is a double faced chart showing *Food for Growing Children* on one side, and a *Keep Well Guide for Every Day* on the other. Metal tipped, it may be considered more durable than the usual poster, and with its pictorially pleasant lessons, is well worth its cost—twenty-two cents. Order from the new headquarters, 370 Seventh Avenue, New York City.

Panels and exhibit material relating to sex education and social hygiene are being abundantly provided by the American Social Hygiene Association, and the U. S. Public Health Service. Nurses will find the descriptive catalog of such educational material suggestive and useful, and it may be obtained by writing to 370 Seventh Avenue, New York.

The American Posture League, 1 Madison Avenue, New York, has a leaflet Directory of Available Articles Officially Approved by the League—furniture, educational material and wearing apparel. They also issue two "foot tracing" charts.

Excellent material on Clean-up Campaigns may be secured by writing to the National Clean-up Campaign Bureau, St. Louis, Missouri. Also, the Community Editor of The Delineator Magazine, Butterick Building, New York City, will send "Seventy-

seven things you can do for Your Home Town" and "How to Clean Up Your Town," on receipt of a two cent stamped, self addressed envelope. Community house cleaning is now an American custom that is quite well established. The city fathers, merchants, clubs, house keepers, teachers, and school children are interested in the "Annual Spring Clean Up," and are glad to give every assistance to health officers and Public Health Nurses, who wish to promote such an undertaking.

#### VACATION READING

The Age of Innocence.....Edith Wharton

Awarded the Pulitzer prize of \$1,000 for the best presentation of American "life and manners."

The Mountebank.....William J. Locke

His latest and one of his most charming.

The Brimming Cup.....Dorothy Canfield

A study of American home life (fiction).

The Wrong Twin.....Harry Leon Wilson

Entertaining and a good picture of Small Town Life.

Slippy McGee.....Marie C. Oemler

Very readable and complete change from problem novels.

The Wind Along the Waste.Gladys Johnson

The Orange-Yellow Diamond.J. S. Fletcher

Two good detective stories.

White Shadows of the South Seas....

.....Frederick O'Brien

Alluring picture of that land of fascination.

The Oxford Book of English Verse.

The best poetry companion we know.

The Outline of History.....H. G. Wells

In two volumes, costs ten dollars, but packed from cover to cover with absorbing and romantic interest. Carolyn Wells in a rhymed review says:

"If you possess this book of Wells

You need no five foot shelf

Just to peruse it is an ed-

Ucation in itself.

Exciting as a mystery tale,

Absorbing as a play,

More interesting than any book

I've read for many a day.

Words fail me to describe it—but

I like it, anyway."

"I should like to believe that the present with its bewildering changes is only a corridor leading politically and spiritually toward something more splendid than we have known . . . I am not sure but that a town is better advertised by enlightened sanitary ordinances duly enforced than by the number of its citizens who are acquainted with the writings of Walter Pater. . . . Much too insistently we have sought to reform, to improve, to plant the seeds of culture, to create moral perfection by act of Congress. If Main Street knows what America is all about, and bathes itself and is kind and thoughtful of its neighbors, why not leave the rest on the knees of the gods?"—*From an essay on "The Defense of the Small Town," Meredith Nicholson.*

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# RED CROSS PUBLIC HEALTH NURSING

*Edited by* ELIZABETH FOX

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## A SURVEY OF CONDITIONS SURROUNDING SCHOOL NURSING IN THE UNITED STATES

*By* CHARLOTTE E. VAN DUZER

MUCH has been written about the work of school nurses in large cities but except for work of individuals little is known about the rural school nurse and the wonderful opportunities which these great country districts present to her for originating and perpetuating public health work.

Within the last few months a questionnaire\* was sent out to state and supervising Public Health Nurses all over the country. Thanks to their prompt and painstaking response we are able to furnish a resumé of conditions as they exist in rural and small town territories in every part of the United States. As will be noted, no effort has been made to ascertain the results of school inspection, either from a remedial or social viewpoint. That will be a subject for a later study. But the factors which make up the background of pioneer school inspection work, the extent of the average field for an individual nurse, the resources, both permanent and temporary within that field, and the methods of giving permanency to the work through accurate records, establishment of health activities and co-operation with other agencies, are presented in the replies to this questionnaire from representatives in forty-three different states.

Although thirty-four states have more or less effective laws relating to health supervision of school children this does not mean that each child must have a general medical examination, for the provisions of the laws vary all the way from full medical examination by a school physician to inspection for contagion by the local health officer or the testing of hearing and vision by the school teacher. In general, however, the laws are so

framed as to cover at least three points: (1) control and prevention of contagious diseases; (2) detection of defects unfavorable to normal development and to progress in school; (3) inspection of the sanitation and hygiene of school grounds and buildings.

*Mandatory Laws.* Nineteen states† have mandatory laws providing for school inspection in all school districts, but these laws do not always compel physical examination by a physician. They may require only that inspection of the nose, throat or vision shall be made by the teacher (†T), or that responsibility for inspection be divided between a physician and the teacher (†PT). The exceptions to the general rule are Florida, Montana, New Jersey and Pennsylvania, where examinations must be made by physicians; Kansas, where examinations shall be made either by dentist or physician; Vermont, where examinations are to be made either by physician, nurse or teacher; and Wisconsin, where nurses are delegated by law for this work. The reports upon which we base our study indicate that even where there are mandatory laws providing for examination by physicians, school inspection is being carried on by the rural nurses without the co-operation of physicians except where such is volunteered. This is true of Florida, Kansas and Montana.

Nine other states‡ have mandatory laws which provide that school inspection must be conducted in districts of certain size or class and may be permitted in other districts. No one of these states, except Wyoming, is without school physicians in some of its rural districts.

*Permissive Laws.* Seven states¶ have permissive laws, that is to say,

laws which may or may not be applied by local health or educational authorities within those states. Of these seven, three states, North Dakota, Iowa and Washington, report no school physicians in rural districts.

*No Laws.* The thirteen states which are not included in either of the above classifications, "either have no school medical inspection laws or have laws which do not specify whether inspection is mandatory or permissive."§

*Methods of Transportation.* Transportation by Fords seems the rule in all states outside of Washington, Wyoming, Utah and Maine. In these latter states plenty of variety is offered in an assortment of stage coaches, boats, trains, (engine and caboose) horseback and sometimes electric cars. Perhaps the most hair raising method of all and consequently the most unique is reported from the State of Washington, where the nurse crosses the river in a tub, not exactly after the fashion of Diogenes, but suspended from, we hope, a securely fastened wire trolley.

*Arcas.* Conditions may be as typically rural elsewhere, in the northern part of New York State for instance, as in that part of the country referred to as the "wild, woolly west," but certainly for size of territory which one nurse may attempt to cover, no state can compete with Montana, which has one county service extending over ten thousand square miles, an area larger than the State of Vermont, covered by one nurse. Oregon comes a close second with a district of nine thousand one hundred and thirty-three square miles. Washington and Nebraska report services covering six thousand miles and forty-five hundred square miles respectively, the former being much larger and the second only a few miles smaller than the state of Connecticut.

Add to these enormous territories, the isolation and the proportionately few improved roads and one appreciates that it is the lure of opportunity combined with real love of service that brings nurses here to lay the founda-

tion for permanent and far reaching health work.

*Resources for Corrective Work.* Official resources for corrective work, such as travelling and permanent clinics, hospitals and occasional dispensaries, are available in states where the Boards of Health are particularly active, notably North Carolina.

An enthusiastic and determined nurse is not discouraged by the lack of facilities but sets about it to make opportunity out of necessity. She brings medical assistance to the very door of her patients. She organizes clinics with the help of local medical specialists or in co-operation with local doctors arranges for such help from outside sources. She utilizes churches, lodge rooms, school rooms, libraries or any other available space and makes of them a near approach to a modern city clinic. Thus many an extemporized clinic has grown into a permanent one. In all states except five, clinics of some kind have been originated by school nurses. One of these five states reports that "no such work has been possible because of the opposition of physicians!"

*Cooperating Agencies.* In many counties the Public Health Nurse has set up the first organized community health work. Frequently her coming to the community has been the result of activities of a local Anti-Tuberculosis Society. Especially is this true in the states of Washington, Arizona, Oregon, Wisconsin and New York. Many other agencies have co-operated in furthering the school nurse's program, twenty-three being named in replies to the questionnaire. The two which seem to have been more active in this respect than any of the others are the Farm Bureau, through the Home Demonstration Agents, and the Parent Teachers and allied associations. The establishment of hot lunches in the schools has been the special function of the Home Demonstration Agents, while the Parent Teachers' Associations have taken part in activities too many to enumerate. All these organizations have furthered the program of intensive and extensive

health work. Their co-operation both as groups and as individual members has furnished to the resourceful nurse gold mines of help.

*Authority.* Without exception, the authority for school inspection by the nurses is granted by an official representative of the Board of Education, usually the Superintendent of Schools. This is regardless of whether the nurse is employed by the Board of Health or a volunteer agency.

*Home Visiting.* There is an immense difference in the amount of time which nurses under different circumstances can give to home visiting or follow-up work. Some nurses do only such follow-up work as emergency demands during the school term, postponing extensive visiting until the school vacation months; others combine the inspection and home work within the school day. The latter plan seems most frequently adopted in states where the territory is large. Because of difficulties of transportation, many nurses are able to do very little home work and other nurses whose work is more favorably conditioned are able to devote as much as half their time to this all important phase of school nursing.

*Records.* The general practice in all states except Michigan and Maine is to make out a health record card for each child inspected. The original record cards are filed in the schools in seventeen states, duplicates also being retained at the nurse's headquarters

in nine of the states. Of the twelve states reporting original record cards as being filed at the nurse's headquarters, three say that their previous practice of keeping records in the schools was discontinued because of being so unsatisfactory. The repository for records, in the other four states of which we have information, is determined by the local school or health authorities. Of the styles of individual record cards much could be said. Seventeen states have their own form, each widely different. Added to these varieties there are literally hundreds more, many services feeling that only on a home-made card can justice be done to their findings. As great as the need for a standard technique in school inspection is that for some agreement as to a national standard school health record card, something that would furnish uniform data from which studies could be made of comparative health conditions of school children.

The last five years has brought a remarkable change in the attitude toward rural school nursing. At one time a nurse had to persuade not only skeptical boards but parents of school children as well, of the value of health work in the schools. Now, her splendid work having won the support and co-operation of these bodies, the future holds still greater promise. Is it not that school nursing shall be but the entering wedge for a broader public health service?

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\*What proportion of nurses work with a school physician?

What proportion of nurses do not have physicians but must depend on their own findings and corroboration of family or other physician?

What are the local resources for securing correctional work?

Clinics—Hospitals.

What agencies exist for rural and social development?

To what extent is organization of leagues and classes a part of the regular work?

What proportion of the nurse's time is given to follow up work in the homes?

What clinics for correctional work (dental, nose and throat) have been established through the efforts of local nurses?

How many school children as a general average are under the care of one nurse?

How many schools as a general average are under the care of one nurse?

What is the average area a nurse covers? What is the usual means of transportation?

Where a nurse is not employed by State or local Board of Health or Education, under whose authority does she enter schools?

Where do the nurses keep the records? Are they filed in the school or at their headquarters?

Do nurses make out a card for each child inspected regardless of the presence of a physical defect?

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†Arizona, (T) Colorado, (CoP) Florida, Idaho, (DP) Kansas, (T) Louisiana, (PT) Massachusetts, (P) Montana, (PT) Nebraska, (T) Nevada, (PT) New Hampshire, (P) New Jersey, (T) North Carolina, (P) Pennsylvania, (PT) Rhode Island, (PT) Utah, (PT) Vermont, (PT) Virginia, (N) Wisconsin.

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‡Alabama, Connecticut, Georgia, Indiana, Kentucky, Maine, New York, West Virginia, Wyoming.

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¶California, Delaware, Maryland, North Dakota, Iowa, Ohio, Washington.

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§P. H. B. No. 110.

### BREAKING HER WAY

An excellent example of the fine results obtainable when a nurse combines good personal service with the ability to interest a county school superintendent in the health of her children was given in the report of Miss F. B. Palmer, Public Health Nurse for Martin County, Minnesota:

I had come to the county for a few weeks as a Public Health Nurse with the hopes of impressing upon the people the need of and the benefits to be derived from a continuous county nursing service.

It was in December when the snow was many inches deep and the thermometer below zero. The Superintendent of schools, an active and intelligent woman of 55 years, had mapped out the schools and districts that were most isolated and in need of a nurse. We took the 4:10 A.M. train to a little town twenty-five miles away. Here we searched for something that looked like a hotel. Finding it at last we walked in and seeing no one around, we took possession of the stove and chairs and curled up and slept until 7 A.M., when the proprietor came thumping down stairs. He was as surprised to see us as we were glad to see him. In a short time we had breakfast—coffee, bread, without butter, and some boiled meat. Breakfast being over, we started forth in an auto, for a school ten miles north, but half way there we ran up against so much snow that we had to dig our way out.

The school wasn't reached until about 10:30, but as there were only four pupils in this school we had plenty of time. All the children were from one family and were born in a foreign land. They had had nearly all of the contagious diseases and were left with some of their complications, and were still abiding by a few old customs.

An annual bath and cloths sewed on for the winter was their one law. One child had eye trouble, and was deaf, due to poor care during the measles. Another had enlarged tonsils and adenoids. All four had defective teeth and pediculosis.

We decided to take the children home and explain their condition to their parents. The father was not home and the mother was in bed with a new baby. While the nurse was caring for the mother and baby, the county superintendent started on the children and it wasn't long before a great change had taken place. The superintendent informed the mother that she would keep in close touch with her and help her to make healthy citizens out of her children, and that in the spring she would call and take the children to the doctor. And when spring came she did bring the children in to the doctor, but she had to do it only once, for the parents have been doing it ever since.



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## NEWS FROM THE FIELD

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### IN MEMORIAM

On Sunday May 29, Elizabeth M. Burns R. N. passed away suddenly. Her loss will be deeply felt by the many organizations to which she belonged, both in New York and New Jersey, particularly by the New Jersey State Organization for Public Health Nursing, of which she was a charter member. She graduated from Roosevelt Hospital Training School and the Sloane Maternity, taking special training at the Willard Parker Hospital for Children's Diseases.

She is best known by the Industrial work she did at the Ladew Leather Tannery Co., Newark. She was an ardent champion for industrial betterment. She had been more than once around the world with the Ladew family, and had visited every known country but two, and had but recently expressed the hope to include these two. She had nursed cholera at Gibraltar, and was among the rescued from the Titanic. Her experiences there are thought to have been the latent cause of her death, which her many friends so greatly deplore.

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### FIFTIETH ANNUAL MEETING OF A. P. H. A.

The 50th annual meeting of the American Public Health Association will be held at New York City, in November, 1921. The date which is tentatively announced is November 14-18.

It is interesting to note that Dr. Stephen Smith, the founder and first president of the Association, is now entering his 99th year. He is still active and vigorous and it is expected to celebrate his approaching centennial together with the semi-centennial of the Association.

The first organization meeting of the Association was held in New York City, on April 18, 1872, and that is one of the reasons for selecting New York City for the celebration of the semi-centennial.

### A PUBLIC HEALTH INSTITUTE

The success of the Institute on Venereal Disease Control and Social Hygiene recently conducted by the Public Health Service, suggests that public health officers, practicing physicians, nurses, social workers and clinicians are eager for more training and that they will come long distances to get that training (650 attended, the Venereal Disease Institute) when the best kind of instruction is offered to them.

The Service, therefore, proposes to conduct a general public health institute to take place during the fall of 1921; and to offer 25 to 30 courses including the following:

- Diagnosis and treatment of tuberculosis
- Nutrition in health and disease
- Sanitary engineering
- Clinic nursing and social work
- Clinic management
- Courses in syphilis and gonorrhea
- Mental hygiene
- Industrial hygiene
- Child hygiene
- Vital statistics
- Laboratory diagnosis
- Health centers
- Various courses in psychology and sociology

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### ANIMATED CHARACTERS TEACH HEALTH

For the first time in the history of the country, health habits personified marched down Fifth Avenue, New York City, as part of the Boy's Loyalty Parade on April 30th. The Health Division was arranged by the Child Health Organization of America.

The idea of presenting health rules as living characters was:

*First*—To stimulate the interest of the child in health.

*Second*—To stimulate the interest of the adult spectators in child health.

*Third*—To demonstrate the policy of the Child Health Organization which is that health facts are best taught if presented in an inter-joyous way, to captivate the interest of the child.

### PUBLISHING HOUSE OPENS NEW RECREATION ROOMS

Belief in the goods one is selling is the fundamental of good salesmanship. W. B. Saunders Company, the largest exclusively medical publishing house in the United States, not only believe this but they go further—they believe in the teachings of the books they publish and practice those teachings.

The best possible proof of this was furnished when this firm tendered their 150 employes a luncheon and dance in celebration of the opening of three handsomely furnished recreation and smoking rooms. These rooms located on the first and second floors of recently acquired adjacent properties into which the business has overflowed, are provided with every comfort and emergency necessity. The girls' rooms, one for relaxation and luncheons and the other for the rest and care of the ill, are finished in buff and white, maintaining the colonial atmosphere of the buildings themselves. The furniture is silver-gray wicker upholstered in flowered cretonne, with draperies of the same material. A Seth Thomas mahogany clock, of colonial design, on the mantel piece bears this inscription:

"A gift from the girls in acknowledgment of the thoughtful kindness of the Company in providing these rooms for their comfort and recreation."

A victrola, a library of fiction and of heavier reading, facilities for electric cooking, and flowering baskets complete the restful and inviting picture.

The men's room on the first floor is also finished in buff and white. The yards of the two properties are being converted into another of those flowering oases of the congested business centers, such as those of the Morris homestead on Eight Street and the Philadelphia Savings Fund Society.

### ANNUAL REPORTS

*New Haven, Conn.*—The Sixteenth Annual Report of the Visiting Nurse Association of New Haven is a record of faithful, steady service. The Superintendent's Report covers the General

Department, meaning mainly bedside care; the Tuberculosis Department, which has a record of 2500 tuberculosis patients during the 16 years of its existence—about half the incipient cases now sent to sanatoria have been found by nurses in their visits to the homes; the Child Welfare Department, with its 13 conferences for children under two and two conferences for children between two and six; the Obstetrical Service, with its prenatal work; the Home Economics Department, with a trained dietitian in charge and three housekeepers.

The New Haven Health Center was opened in July under the auspices of the Red Cross, the Medical Association, the Board of Health, and the Visiting Nurse Association; the latter association now has seven nurses stationed there, with an eighth about to be added.

Nine students are taking the Course in Public Health Nursing given by the association in co-operation with Yale University; eight graduates of this course are now members of the staff. Nurses who have not taken special training, and pupil nurses from the training schools spend two months in the Teaching Center.

*Philadelphia*—It is thirty-four years since the foundation of the Visiting Nurse Society of Philadelphia, and in her report for the year 1920, the superintendent traces something of the development which has taken place during this long period—the development "from sick nursing to health nursing; from concern with sick individuals to the sick situation as a whole, involving not only the teaching of home nursing but also the principle of maintaining health."

One of the most recent outcomes of the growing understanding of the opportunity of the visiting nurse is the opening of a Department of Occupational Therapy, and an inclosure in the report illustrating this particular service gives an eloquent idea of the results which have been accomplished.

The original purpose of the Society, as stated in its charter, was "to give to the poor and those of moderate means the best home nursing possible under existing conditions;" and it set out, even

thirty-four years ago, to care for those who could pay a small fee as well as those who could pay nothing. In 1919 an hourly nursing service was established, and 1920 saw an increase of 1,417 hours of such service, over the previous year.

The last barrier to an inclusive policy for a community health service was removed when the Society gave its assistance to the health authorities in the stamping out of a serious epidemic of scarlet fever, and although this epidemic is part of the history of 1921, the policy by which the aid was given was established in 1920.

The following comparative figures of the visits for, the first and the last year of the Society's work are interesting:

	Nurses	Patients	Visits
1886 .....	2	380	5,885
1920 .....	65	20,217	161,654

#### NOTES FROM THE STATES

*Colorado*—The principals in two schools in Colorado Springs are working up some splendid nutrition classes under the direction of Miss Foster, Superintendent of the Visiting Nurse Association.

*Connecticut*—There would seem to be a striking relationship between the decrease of infant mortality and the increase of Public Health Nurses, as shown by a chart prepared by the Bureau of Child Hygiene of the Connecticut State Department of Health. In 1900, when the infant mortality rate in Connecticut was 171, there was one visiting nurse association with one nurse. In 1919, the infant mortality rate had dropped to 86 and the visiting nurse associations had increased to 43 and employed 136 nurses. While the nurses themselves do not take credit for all this reduction, for other factors such as the improvement in the milk supply and better sanitary conditions have helped greatly, there is no question but that the nurse has been a large factor and it is possible to look forward to the time when the rate will go still lower as the number of nurses increases.

*Indiana*—A Conference, or Institute, for Public Health Nurses was held in Indianapolis, Indiana, May 10th, 11th, and 12th, the second of its kind to be

held in the State. This meeting was held in connection with the School for Health Officers which has been held annually by the State Board of Health for twenty-seven years.

With a very few exceptions, all the Public Health Nurses in the State attended these meetings, and many took part in the discussions. The program was planned with the thought of touching on all phases of Public Health Nursing, with special attention to the problems of the rural or county nurse.

*Kansas*—The Kansas State Organization for Public Health Nursing held its eighth annual meeting in Topeka, May 12th, 14th, in connection with the meeting of the State Nurses' Association. An interesting program was presented.

*Massachusetts*—The seventh annual conference of the Massachusetts Tuberculosis League was held in Boston, May 13th and 14th. Programs were presented on the following subjects: "Industrial Health and Tuberculosis," "The Health Center and Tuberculosis Work," "Educational Publicity," "Nutrition and Tuberculosis Work," "Modern Health Crusades."

The regular monthly meeting of the New England Industrial Nurses' Association was held in Boston, on April 9th. The speaker was Mrs. Lois B. Rantoul, an Executive on the Board of the Boston Womens' Trade Union League and also Chairman of the Legislative Committee, whose subject was "What the Working Woman Needs in Industry."

*Michigan*—The Rotary Clubs of the Ninth District have undertaken to serve the children of Michigan who go to the two University Hospitals for treatment. Alberta Chase, who is a trained nurse and is officially known as Rotary Child Welfare Worker, is in charge of the work in connection with the social service Departments of the hospitals. She visits the children in both hospitals, ascertains their special needs, co-operates with the doctors in solving problems that arise while they are in-patients, and does necessary follow-up work after they are discharged. That work includes notifying the local health organizations and

social agencies as well as the Rotary Clubs and always involves co-operation with the Probate Court whose wards most children are when they are patients in the hospitals. Altogether it is an undertaking with large possibilities.

*Minnesota*—A special meeting of the Minnesota State Registered Nurses' Association was held at the Woman's Club, Minneapolis, on May 9th.

Miss English, the president, called the meeting to order. The association decided to hold the next annual meeting in Duluth, early in October, and to invite the State Associations of North and South Dakota, and Wisconsin to meet there in joint session.

A committee was appointed to carry on the work of recruiting student nurses, as outlined in the national plan.

Miss Powell, of the University Hospital, gave a most interesting report of the meeting of the National League of Nursing Education held in Kansas City, which was attended by twenty-seven members from Minnesota.

The association was fortunate in having as the speaker of the evening, Professor Allen Hoben, of the Department of Sociology of Carleton College, who spoke on the Value of Play.

*Missouri*—The Missouri Slope Public Health Nurses' Association held its first meeting since its organization last fall, in Dickinson, May 17-18. Every County on the Slope boasting a Public Health Nurse was represented.

The Nurses spent a most interesting hour in the Dental Clinic, and later the meeting was addressed by Dr. Alice Conger Hunter of Dickinson, who gave a very interesting talk on "The Kansas Survey for the State Division of Child Hygiene," a survey which she had personally directed.

A dinner was given to the members of the Association, after which Miss Delia Spears, Stark County social worker, addressed the nurses on the Co-operative work of the Social Worker and the Public Health Nurse.

May 18th the first session consisted mainly of a round table discussion of the following topics: "The Past Year's Work," Epidemics from the Standpoint

of the Nurse," "The Dental Clinic in Dickinson, How Organized, etc.," "Plans for Summer Work," "The Nurses' Booth in the County Fair," and "Birth Registration." The plans for the summer in almost every instance included follow-up work, infant welfare work, and work for the child of pre-school age.

At the afternoon session the round table discussion was resumed, the subjects of ophthalmia neonatorum prophylaxis and the State Board of Health requirements, and publicity for County Public Health work, being brought up. Subscription to "The Public Health Nurse" was mentioned and it was found that only one nurse was not a subscriber. Other topics discussed were: "The Nurse's Duty Toward Delinquent Girls," "Records," and "A Special Day in the Office." —

Negro Health Week was held in St. Louis, May 1-7. The purpose of this special effort is to supplement the health campaign carried on daily in the public schools and to direct the people to health agencies. Sunday, May 1st, was "Health Sunday;" Monday and Tuesday were "Clean-Up Days;" Wednesday, "Tuberculosis Day;" Thursday, "Baby Day;" Friday, "Children's Day."

*Nebraska*—Miss Belle Beachly, Editor of The Rural Health Service of "The Nebraska Farmer" writes:

"The Public Health Nurses of District No. 3 of Nebraska, held their regular monthly meeting at the rooms of the Business Women's League on March 19. Miss Beebisher had arranged for a very helpful program followed by a general discussion."

The possibilities of establishing a Visiting Nurse's Association or a Public Health Nursing Association to take care of persons at present unable to employ a nurse and to co-ordinate the many activities which are now being carried on in our city in order to promote efficiency and reduce expense, was discussed and I was asked to bring the matter before the county medical society for their approval and co-operation. We have all the factors needed for establishing such an association. Two things are needed to start things going. First, a Social Survey, and second, a competent nurse to organize and manage the association. I spoke to a group of young society women yesterday, the "Junior Leaguers" whom we hope to interest in the project.

*New Jersey*—Child Hygiene has seemingly penetrated deep into the consciousness of Pennsgrove, N. J., for the fathers as well as the mothers make it their business to see that Johnny and Betty are getting a square deal in health matters. Mrs. Almeda Davis, the Child Hygiene nurse, reports that fathers with babies are frequent visitors at the Baby Keep Well Station when the mothers cannot come.—*Public Health News*.

*New Mexico*—During the first week of May, the Public Health Nurses of New Mexico met with the Public Health Officers at Albuquerque. This meeting was called by the Director of Public Welfare, Dr. C. E. Waller.

Eight out of eleven Public Health Nurses in the State attended this meeting. They were present at the demonstrations and discussions of the Public Health Officers on health problems, after which they held a separate round table. At this round table, mutual experiences were discussed and each nurse gave a short talk on the line of work in which she had particularly excelled. Questions which had been previously submitted by the nurses for discussion were then taken up, and it was found that many of these had been answered through the individual talks by the various nurses.

A motion was made and seconded that the nurses meet the following day to organize a Public Health Nurses' Association, which was done. The following officers were elected:

President—Margaret Tupper.

Vice-President—Miss Catherine Taylor, County Nurse; Roswell, N. M.

Secretary and Treasurer—Miss Bertice Rees, A. R. C. Nurse; Tucumcari, N. M.

The underlying object of this association is to create a demand for a graduate nurses' association. It is hoped that when this has been accomplished, a proper bill for registration of nurses may be prepared and submitted to the 1922 Legislature.

*New York*—The Visiting Nurse Service of Henry Street Settlement recently received a gift of \$300,000 from Mrs. Jacob H. Schiff as a memorial to Jacob H. Schiff, for the purpose of procuring a central administration building. This building is located at 9799 Park Avenue.

To quote a statement made by Henry Street Settlement:

"It will be used for registrars, statisticians, the making of medical supplies, for staff meetings and classroom purposes. It will contain a modernly equipped cafeteria and demonstration rooms and will serve as a center for public health interest. It is hoped that provision can also be made in the building for the entertainment of distinguished visitors who come to New York from all parts of the world to study this Visiting Nurse Service."

Public Health Nurses of Nassau County held their annual conference on May 17th, in Mineola. The afternoon session was primarily intended for the committee and the public and consisted of a program on Child Welfare. In the evening, a round table for nurses was held at which the discussion was led by the Supervising Nurses of the several State Departments.

*North Dakota*—A round table of North Dakota Public Health Nurses representing four counties was held May 24th and 25th, in Minot. Informal talks were given by Dr. Smith of the Venereal Disease Clinic; Dr. Householder, Minot School Dentist, and Miss Porter the city school nurse.

*Ohio*—In connection with the campaign for recruiting student nurses, the films "The Making of a Nurse" and "In the Footsteps of Florence Nightingale" were shown 100 times in 42 theatres in Cleveland, during the period of April 24th to May 7th. High school girls were admitted free to these movies on presentation of a card from the Executive Secretary of the Recruiting Committee.

*Oregon*—Miss Charlotte Walker reports that the schools are bringing "First Aid" to the County Nurse. The Hillsboro Manual Training Class are demonstrating the practicability of fly traps by making one in class. The Beaverton Manual Training Class has considered making a desk for the County Nurse's office. Other co-operation speaks for the interest of the County officials in supplying stenographic and mimeographing service. Mr. Frost, County Superintendent of Schools, prepared a county map with the 115 school districts outlined and numbered. This will surely



mean a great deal to a nurse new to the county.—(*Nurses' Bulletin.*)

*Pennsylvania*—The bill passed by the Pennsylvania legislature, authorizing counties to establish and maintain hospitals for treatment of persons afflicted with tuberculosis, has been approved by Governor Sproul. This measure, which means a big step forward by Pennsylvania in its effort to control tuberculosis, was drawn by the State Department of Health in conference with the Pennsylvania Tuberculosis Society.

*South Carolina*—The proposed plan of the Columbia Public Health Nursing Association which was organized in January for the purpose of initiating a public health nursing service for the city, has at last been officially accepted by the city board of health, and activities will begin as soon as a supervising nurse may be secured.

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On April 18th and 20th, the South Carolina Medical Society, the State Graduate Nurses' Association, and the State Hospital Association, met in Columbia for their annual conventions. On the night of the 20th a joint session of the three bodies was held. A State Public Health Association was organized, its membership consisting of physicians, nurses and lay people interested in public health. Its board of directors was instructed to promote a State Health Council of Voluntary agencies which may affiliate with the National Health Council. It is planned in the future that all of these State Associations will hold their annual conventions at the same time and place.

*South Dakota*—There are now forty Public Health Nurses in South Dakota. Many of these nurses are planning a conference for mothers during the summer months; in this way they will try to reach the babies in their counties and to persuade the mothers to bring in the pre-school children, in an effort to have corrections made before these children enter school in the fall.

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The South Dakota State Association of Graduate Nurses held its annual meeting in Huron, June 14th, 16th. One day was devoted to public health nursing.

It is planned to hold regional meetings of Public Health Nurses throughout the State during the summer months; in this way, small groups of nurses will be able to get together to discuss their work.

*Tennessee*—The Cynthia Grey Milk Stations, which were started three years ago in Memphis, Tenn., have done an excellent work each summer. The support of the Milk Stations has been a co-operative piece of work; the city board of health has supplied nurses to conduct them, the Memphis Press has helped to raise the necessary funds, the board of education supplied a room which was screened and equipped by generous Memphians.

A regular graduate nurse, connected with the city health department, has been in charge of each of the stations. The nurses registered the babies, distributed milk, conducted classes in hygiene, the proper care and food for children and assisted the mothers in every way possible. Baby specialists examined every Cynthia free milk baby and prepared a special formula. The nurse went into the homes and taught each mother just how to prepare the food and instructed her on the health value of milk and the necessity of keeping it fresh, sweet and clean for the babies. These daily and weekly visits into the poor homes of the city kept down the number of diseases among babies and saved many lives.

Memphis is rather proud of her Public Health Nursing Service. The city health department has a staff of 15 and a supervisor who do the school and contagious disease nursing; the Public Health Nurses' Association has a staff of eight, a supervisor and an assistant; the county one nurse, the Anti-Tuberculosis League one, and five industrial companies employ one nurse each. Each month a "get together" meeting is held and a speaker is arranged for every other month.

*Virginia*—At the School Fair, held in Marshall, April 16th, a splendid collection of health posters was exhibited. The auditorium walls of the Marshall High School were literally covered with beautiful and instructive health posters made by the children from one-room schools as well as high schools.

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*Australia*—Falling in line with Great Britain, Canada, and the Union of South Africa, the Federal Executive Council of Australia has approved the establishment of a department of health for the Commonwealth (effective March 7, 1921). The House of Commons of the Dominion of Canada passed a bill in 1919 creating a Federal Department of Health. The act creating the English Ministry of Health went into effect July 1, 1919, and during the same year the Union of South Africa established a department of health.—(*Public Health Report*, U. S. P. H. S.)

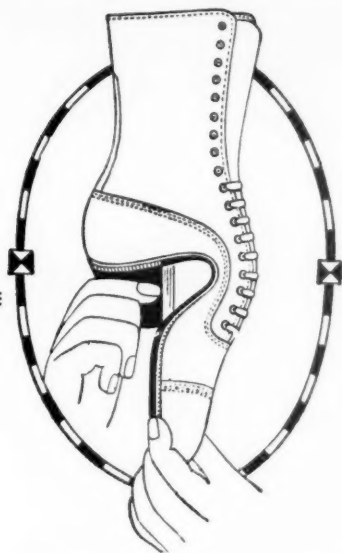
*Belgium*—The Charities Board of Brussels, the University of Brussels and the Rockefeller Foundation are co-operating in the largest medical educational endowment Europe has ever known. This medical center will be located in the University of Brussels. A budget totaling 100,000,000 francs is being raised for this purpose.

Dr. A. Depage, who had taken the initiative in organizing a nurses' training school as a memorial to Edith Cavell and Mme. Depage, and had raised a fund of 5,000,000 francs, with great magnanimity has merged his plan with that of the university and has contributed his funds to the common undertaking.

*Canada*—The Institute of Public Health opened in October 1920, and connected with Western University, London, Canada, offers an eight months course in public health nursing to graduates of accredited schools of nursing. Arrangements are also made to include senior students for the last four months of their training school time, providing they take the remaining four months of the public health course after graduation.

Public health nurses are also privileged to enter as part time students. The time required to finish the course on this basis is three years. Twenty-two professors and instructors of the University give lectures at the Institute, and the field work, covering fifteen hours each week, is secured through the co-operation of all organizations doing public health nursing in the city. Miss Margaret E. McDermid, R. N., assists Dr. H. W. Hill in the direction of the course, which

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**England**—At the annual meeting of the Brighton, Hove and Preston District Nursing Association, Dr. Duncan Forbes pointed out that whereas formerly 30 per cent of the boys in attendance at the Blind School owed their blindness to inflammation of the eyes after birth, since the handing over of these cases to the Queen's Nurses there have been no further recruits to the Blind School from that cause. This means a saving to the Education Committee in each instance of 700 pounds.—(*Nursing Mirror*.)

**Mexico**—In response to the happy initiative of "El Universal," one of the leading Mexican daily newspapers, there was held in the City of Mexico, during the first week of January, the first Mexican Congress for the Education of Children. After prolonged sessions, the Congress approved resolutions recommending to the Government and to private organizations of the country the adoption of educational and protective measures for the betterment of the children. Among others, they passed a resolution recommending the establishment of special hospitals for children, an intensive and specialized system of public instruction, hygienic instruction, specially to women, a modification of the immigration laws with relation to the betterment of the race, a campaign against syphilis and other contagious and venereal diseases, as well as many other important measures and modifications in existing legislation all of them looking towards the betterment of the children and of the race. The Congress also recommended the establishment of tribunals for minor delinquents of juvenile courts, etc.

**Philippine Islands**—A report of the work of the Provincial Women's Club, Philippine Islands, has many interesting points. The total membership of the club is 2737, with 1807 centers. A report of nursing work from Miss Senayda Foronda, the Red Cross nurse at Laoag, is included. Seventeen towns are included in her district. The club activities are widely embracing and include, interestingly, poultry projects, garden contests (as well as baby contests) and distribution of flower and vegetable seeds. Each community arranges its own activities.

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